

GOVERNING BODY MEETING

3 January 2019, 9.30am to 12 noon

The Snow Room, West Offices, Station Rise, York YO1 6GA

Prior to the commencement of the meeting a period of up to 20 minutes, starting at 9.30am, will be set aside for questions or comments from members of the public who have registered in advance their wish to participate.

The agenda and associated papers will be available at:

www.valeofyorkccg.nhs.uk

AGENDA

| STANDING ITEMS – 9.50am | | | | |
|--------------------------------|----------------|--|------------|------------------------------------|
| 1. | Verbal | Apologies for absence | To Note | All |
| 2. | Verbal | Declaration of Members' Interests in the Business of the Meeting | To Note | All |
| 3. | Pages 5 to 9 | Minutes of the meeting held on 6 December 2018 | To Approve | All |
| 4. | Verbal | Matters arising from the minutes | | All |
| 5. | Pages 11 to 18 | Accountable Officer's Report | To Receive | Phil Mettam Accountable Officer |
| 6. | Pages 19 to 26 | Risk Update Report | To Receive | Phil Mettam Accountable Officer |

| FINANCE AND PERFORMANCE – 10.30am | | | | |
|--|------------------------|--|------------|--|
| 7. | Pages 27 to 45 | Financial Performance Report 2018/19 Month 8 | To Receive | Simon Bell Chief Finance Officer |
| 8. | Pages 47 to 91 | Integrated Performance Report Month 7 | To Receive | Caroline Alexander Assistant Director of Delivery and Performance |
| ASSURANCE – 11.15am | | | | |
| 9. | Pages 93 to 136 | Quality and Patient Experience Report | To Receive | Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse |
| 10. | Pages 137 to 142 | Internal Audit Report 'Quality Assurance: Compliance with National Guidance for Mental Health and Learning Disabilities' | To Receive | Denise Nightingale Executive Director of Transformation, Mental Health and Complex Care |
| 11. | Page 143 to 154 | NHS Vale of York and NHS Scarborough and Ryedale CCGs: Infection Prevention Strategy | To Approve | Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse |
| 12. | Pages 155 to 171 | Designated Professionals Safeguarding Adults Annual Report 2017-18 | To Receive | Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse |
| RECEIVED ITEMS – 11.50am | | | | |
| The minutes of each Committee are published as separate documents | | | | |
| 13. | Page 173 to 174 | Chair's Report Audit Committee: 29 November 2018 | | |
| 14. | Page 175 | Chair's Report Executive Committee: 17 October, 7 and 21 November 2018 | | |
| 15. | Page 176 | Chair's Report Finance and Performance Committee: 25 October and 22 November 2018 | | |
| 16. | Page 177 | Chair's Report Primary Care Commissioning Committee: 22 November 2018 | | |

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|--|------------------------|---|---------|-----|
| 17. | Page 178 | Chair's Report Quality and Patient Experience Committee: 13 December 2018 | | |
| 18. | Pages 179 to 188 | Medicines Commissioning Committee: 10 October 2018 | | |
| NEXT MEETING | | | | |
| 19. | Verbal | 9.30am on 7 March 2019 at West Offices, Station Rise, York YO1 6GA | To Note | All |
| CLOSE – 12 noon | | | | |
| EXCLUSION OF PRESS AND PUBLIC | | | | |
| <p>In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it is considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted as it contains commercially sensitive information which, if disclosed, may prejudice the commercial sustainability of a body.</p> | | | | |

A glossary of commonly used terms is available at

<http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/governing-body-glossary.pdf>

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Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 6 December 2018 at West Offices, York

Present

| | |
|--------------------------|---|
| Dr Nigel Wells (NW) | Clinical Chair |
| Simon Bell (SB) | Chief Finance Officer |
| David Booker (DB) | Lay Member and Finance and Performance Committee Chair |
| Michelle Carrington (MC) | Executive Director of Quality and Nursing/Chief Nurse |
| Dr Helena Ebbs (HE) | North Locality GP Representative |
| Phil Goatley (PG) | Lay Member and Audit Committee Chair |
| Dr Arasu Kuppuswamy (AK) | Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member |
| Phil Mettam (PM) | Accountable Officer |
| Denise Nightingale (DN) | Executive Director of Transformation, Complex Care and Mental Health |
| Keith Ramsay (KR) | Lay Member and Chair of Primary Care Commissioning Committee, Quality and Patient Experience Committee and Remuneration Committee |
| Dr Kevin Smith (KS) | Executive Director of Primary Care and Population Health |
| Dr Ruth Walker (RW) | South Locality GP Representative |

In Attendance (Non Voting)

| | |
|----------------------|---|
| Dr Aaron Brown (AB) | Local Medical Committee Liaison Officer, Selby and York |
| Michèle Saidman (MS) | Executive Assistant |
| Sharon Stoltz (SS) | Director of Public Health, City of York Council |

There was one member of the public present.

AGENDA

1. Apologies

There were no apologies.

2. Declaration of Members' Interests in Relation to the Business of the Meeting

There were no declarations of interest in the business of the meeting. All declarations were as per the Register of Interests.

3. Minutes of the Meeting held on 1 November 2018

The minutes of the meeting held on 1 November were agreed subject to amendment under item 6 Risk Update Report, paragraph 2 to read: ‘...HE highlighted that allied health professionals were of value to larger Practices who had the capacity to appoint them, but some smaller Practices did not have the room space or financial resource to employ them...’

The Governing Body:

Approved the minutes of the meeting held on 1 November 2018 subject to the above amendment.

4. Matters Arising from the Minutes

Risk Update Report - Update on dashboard for a General Practice OPEL (Operational Pressures Escalation Level) system to be sought: MC reported that Becky Case, Head of Transformation and Delivery, was working with AB in terms of definitions.

Aligned Incentive Governance Arrangements: Further work to take place to address concerns: PM reported that the November meeting of the Finance and Performance Committee had considered the arrangements at length. A summary would be included in his report to the January Governing Body.

The Governing Body:

Noted the updates.

5. The NHS in the Vale of York and Scarborough – Balancing the NHS Budget: Re-framing the Financial Challenge for the System 2019-20 to 2022-23

In presenting this report SB highlighted the aim of moving to longer term planning which would enable a more strategic approach to working with partners in agreeing realistic and deliverable plans for clinically led improvement. He noted that, although there had been a number of issues with the Aligned Incentive Contract agreed for the current year, improvements in elective care had been achieved which delivered both better care for patients and efficiencies as evidenced in the recent outpatient workshop. The report, signed by the Chief Finance Officers of NHS Vale of York and NHS Scarborough and Ryedale CCGs and the Finance Director of York Teaching Hospital NHS Foundation Trust, was the first step towards transforming services. SB emphasised that the problems of demand that exceeded capacity to treat and the current expensive model of care would not be solved by this framework but that the longer term approach did seek to create the opportunity for clinically led discussion to develop new models of care.

SB advised that the report had already been agreed by York Teaching Hospital NHS Foundation Trust Board in private and by NHS Scarborough and Ryedale CCG’s Governing Body in public in terms of supporting the principles.

In response to KR seeking clarification about Local Authority engagement with particular reference to the 'Improved Better Care Fund', SB advised that the framework initially specifically related to the acute system for the purpose of changing payment mechanisms. PM added that fulfilling the governance aspects of the three directly impacted NHS organisations was the first step. Chief Executives and Directors of Finance of North Yorkshire and York NHS providers, including the Local Authorities, had been invited to a meeting on 15 January to discuss the approach as the next step in the evolving process.

SB explained that the aim was to move from the approach of reducing costs to that of recovering the financial positions of the three organisations through under-committing future growth funding. He noted that future funding growth would be deployed more effectively with involvement of partner organisations. The initial financial funding model presented had been co-produced with York Teaching Hospital NHS Foundation Trust and would see all three organisations return to financial balance over the four years. SB noted that NHS England and NHS Improvement had been briefed on this approach and were supportive.

SB highlighted that account would be taken when the new planning guidance and 2019-20 control totals, currently awaited, were published but emphasised that the principles would remain as detailed. He also noted that the alignment of the regulators was key to balancing risk across the system.

SB provided feedback from the two partner organisations who had already considered the framework. York Teaching Hospital NHS Foundation Trust's Board, whilst supporting the principles, had expressed nervousness about operating within a fixed resource, particularly in the context of winter and non-elective activity above plan. However they recognised their role in bringing the system back to financial balance. NHS Scarborough and Ryedale CCG's Governing Body had supported the framework as long as there was a block agreement with York Teaching Hospital NHS Foundation Trust. SB noted the need to be mindful of language which must promote the collaborative approach to manage growing demand in a more affordable way and improve the financial position over time. He also noted that while the paper was written from a financial perspective, the more the system could start to operate within a fixed resource, money would stop being a focus, and the conversation could move on to improving services for patients.

Members welcomed the framework and sought clarification on a number of aspects.

AK enquired about underpinning governance structures in respect of quality and performance, SB highlighted that the report was a financial framework which aimed to facilitate clinical discussions about service design / re-design to improve efficiency. The governance processes were in place via the System Transformation Board. MC offered assurance that Quality Impact Assessments would be undertaken where there was any potential service change. This would be undertaken as appropriate to the part of the system whose service it was.

SS welcomed both the report and the involvement of Local Authorities but emphasised that this must go beyond adult social care. Housing, transport, planning policy and how the NHS could work differently with Elected Members required consideration. SS also noted the community and voluntary sectors as key partners and the need to develop a narrative that was understood by patients and the public as well as the system about the need for culture change.

In terms of progressing wider engagement SS referred to a number of existing forums that could be utilised, including Health and Wellbeing Boards and regular meetings between Chief Executives and Council Leaders, also suggesting a workshop with City of York Council portfolio holders. PM emphasised the intention was to be inclusive referring again to the meeting on 15 January and advising that he had recently met with Healthwatch and the new Chief Executive of York Council for Voluntary Service to discuss the system approach. In respect of the regulators SB reiterated their support noting numerous discussions. In this regard PM added that NHS England's support in principle had been recorded via the minutes of a North of England meeting with Humber, Coast and Vale Strategic Partnership.

SS agreed on behalf of the Governing Body to engage with the Directors of Public Health at North Yorkshire County Council and East Riding of Yorkshire Council with a view to collective support. She also highlighted that prevention was a key aspect of planning and referred to opportunities to learn from other public services, such as the Fire Service, in this regard. SS additionally noted the potential to influence strategic planning as the three Local Authorities would be developing new plans in 2019-20.

HE referred to development of the Primary Care Home model in the North Locality noting that North Yorkshire County Council was represented but York Teaching Hospital NHS Foundation Trust was not. Their involvement, particularly that of a geriatrician, would be welcome. PM added the potential for management support if such an invitation was extended to the CCG Executive.

Further discussion included: emphasis on the need for innovation and partnership working; a shared agenda that included Local Authorities and the voluntary sector; consideration of procurement opportunities as the system became more integrated taking account of contracts that were due to end; and reliance on culture change across the system for transformation to be achieved. SB reiterated that the framework was not a solution but the beginning of an ongoing improvement cycle. He also noted that York Teaching Hospital NHS Foundation Trust had a good record in delivery of their Cost Improvement Plan and the CCG's improved delivery of QIPP (Quality, Innovation, Productivity and Prevention) both in 2017-18 and currently. Transformation was imperative to manage demand.

PM commended SB's work in leading development of the framework. He noted that whilst the regulators had expressed support, their challenge had been how the approach would succeed in light of historical issues. PM referred to the components of the system and clinical discussion emphasising that there would be impact from "the unexpected". However, he expressed confidence that the Governing Body had the skills and experience needed to face the challenge.

In terms of next steps SB explained that the plan would be reviewed and revised in light of the planning guidance which was expected before Christmas, noting that this would prescribe a range of challenges for the system. The draft plans would be resubmitted on 12 January and discussed at the system meeting on 15 January. SB emphasised that, although this was an emergent strategy, the approach described would be maintained.

The Governing Body:

Approved the principles detailed in *The NHS in the Vale of York and Scarborough – Balancing the NHS Budget: Re-framing the Financial Challenge for the System 2019-20 to 2022-23*.


Close of Meeting and Exclusion of Press and Public

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it was considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted as it contains commercially sensitive information which, if disclosed, may prejudice the commercial sustainability of a body.

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| Item Number: 5 | |
| Name of Presenter: Phil Mettam | |
| Meeting of the Governing Body Date of meeting: 3 January 2019 |  Vale of York Clinical Commissioning Group |
| Report Title – Accountable Officer’s Report | |
| Purpose of Report To Receive | |
| Reason for Report To provide an update on a number of projects, initiatives and meetings which have taken place since the last Governing Body meeting and an overview of relevant national issues. | |
| Strategic Priority Links | |
| <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital- single acute contract <input type="checkbox"/> Transformed MH-LD- Complex Care <input checked="" type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability | |
| Local Authority Area | |
| <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council | |
| Impacts- Key Risks | Covalent Risk Reference and Covalent Description |
| <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities | |
| Emerging Risks (not yet on Covalent) | |
| Recommendations | |
| The Governing Body is asked to note the report. | |
| Responsible Executive Director and Title Phil Mettam Accountable Officer | Report Author and Title Sharron Hegarty Head of Communications and Media Relations |

GOVERNING BODY MEETING: 3 JANUARY 2019

Accountable Officer's Report

1. Turnaround, local financial position and system recovery

- 1.1 The CCG's financial position in November is in line with the previously reported forecast deficit for the end of the year of £18.6million. QIPP forecasts and additional financial recovery actions remain on track and although there are challenges to delivering these the CCG is anticipating that there will be no further deterioration.
- 1.2 Although there are several variances in the position, the key pressures remain:
- It has not been possible to achieve £10million cost reduction for acute services as part of the aligned incentive contract without unacceptable deterioration in waiting list position;
 - the unplanned care demand under the aligned incentive contract arrangements are above plan and are being charged for at a rate which is above the CCG's budget;
 - the completion of the Continuing Healthcare reconciliation position by NHS Scarborough and Ryedale CCG has created an historic cost pressure in this year's position.
- 1.3 Therefore, the CCG anticipates it will be able to report another year of stabilisation of the financial position and deliver a modest improvement on the 2017-18 deficit of £20.1m (excluding Commissioner Sustainability Funding).
- 1.4 As previously reported, ensuring the CCG delivers no worse a position than the forecast 2018-19 deficit is essential to underpinning a realistic longer term plan. As part of the proposed longer term approach to improvement and recovery the principles of a multi-year York-Scarborough System Plan, agreed between commissioners and York Teaching Hospital NHS Foundation Trust, has now been through and received support from respective Governing Bodies and Boards. It is essential that plans between these partners align much more closely, and are much more realistic, than previously. In this way, this will offer the best possible chance of delivering the transformation and financial sustainability needed for the system.
- 1.5 The first joint / aligned activity plan is due for return to regulators on the 14 January 2019, with the final activity and financial plan expected to be submitted on the 4 April 2019. Work on this is already well underway across health and local authority partners and will be further built on at a local system

planning session currently scheduled for the 15 January 2019 which will be a key date in agreeing system priorities and allocations.

2. Acute service transformation

- 2.1 The CCG continues to work with NHS Scarborough and Ryedale CCG and York Teaching Hospital NHS Foundation Trust to develop and deliver the actions and longer-term programmes of work that support financial and performance recovery. The focus continues to be on bringing primary and secondary care clinicians together to drive and shape these recovery plans.
- 2.2 The CCG has also started the work with partners to understand and agree the activity levels for 2019-20. For the first year in nearly a decade we are undertaking this work jointly outside of the Pay by Results framework and will be submitting a joint activity plan in early January 2019 to the new joint NHS England and NHS Improvement team. This is a significant step forward in our partnership working and will support us in focusing our delivery plans on addressing the areas where activity is highest and our services in both primary and secondary care are most pressured, whether that is locally or across the Humber, Coast and Vale Health and Care Partnership area, to share, learn and challenge the current management of patients through referrals, diagnostics and care pathways.

3. Operational Planning

- 3.1 The workforce capacity shortages that all organisations are currently facing mean that it is difficult to free up clinicians to lead the redesign work that is needed. The CCG believes that strong shared pathways have to be founded on strong clinical networks and leadership and it continues to support colleagues to develop this work. The focus for our clinicians and service teams is to define local recovery plans for dermatology, ophthalmology and radiology as well work with the Cancer Alliance to refresh the clinical strategy for cancer services
- 3.2 The CCG is working with all partners to respond to the emerging 2019-20 operational planning requirements from our joint regulators and to identify and align our priorities for 2019-20. The release of the NHS Long Term Plan which will frame our longer-term planning priorities is now likely to be delayed until the end of January 2019, but the strategic objectives for the CCG are clear for the next five years.
- 3.3 The CCG has captured its commissioning intentions for 2019-20 and will be sharing these with all partners early in January 2019 to support the agreement of joint work priorities and focus in 2019-20.

- 3.4 The service priorities of mental health, primary care and caring for the most vulnerable members of the local community remaining a priority for the CCG. In order to deliver these priorities the commissioners and York Teaching Hospital NHS Foundation Trust must deliver the multi-year York and Scarborough System Plan.

4. Continuing Health Care

- 4.1 During the past few months, important work has taken place to implement iQA+ Health, a new web-based platform that is designed specifically to effectively manage Continuing Health Care, Funded Health Care, Personal Health Budgets, mental health aftercare and neurological rehabilitation.
- 4.2 Following significant planning, staff engagement and training led by the Executive Director of Transformation, Complex Care and Mental Health and delivered by a dedicated project team, the system went live on the 10 December 2018
- 4.3 On the 19 December 2018 the Executive Committee ratified the project team's Quality Impact and Privacy Impact assessments for the new iQA+ system.

5. Joint commissioning

- 5.1 The Place Based Improvement Partnership is continuing to develop in York, and the newly established Joint Commissioning Strategic Group, jointly chaired by CCG Accountable Officer and City of York Council Chief Executive is focusing on agreeing shared priorities for early action. This group will oversee the refresh of the Joint Commissioning Strategy and in work, led by the Assistant Director of Joint Commissioning, agree a programme of joint commissioning activity.

6. Local System Review

- 6.1 The draft report of the Care Quality Commission's (CQC) Local System Follow-up Review was received on 18 December 2018. Following checks for factual accuracy it is expected to be published early in the New Year. The CQC Lead Inspector will present the findings at the Health and Wellbeing Board workshop on 25 January 2019.
- 6.2 The headlines shared by CQC at the end of the review highlighted some areas of progress against the Local Improvement Plan, including strategic partnerships and frontline services. The CQC also found that progress should pick up pace in some areas, such as the development of Joint Commissioning beyond the Better Care Fund and digital interoperability.

7. Winter resilience

- 7.1 Winter is now underway in the system and all organisational and system plans are in progress, with improved services continuing to come online throughout December 2018. A system call on the morning of the 20 December confirmed that all partners are ready for the Bank Holiday period.
- 7.2 Performance against the 4-hour Emergency Care Standard has deteriorated on some days during December but overall the system has maintained a level around the 90% target mark at York Hospital. Where days have been challenging, there has also been a quick return to standards. Scarborough Hospital has started to struggle more with capacity during this period and performance has been lower.
- 7.3 Additional services that were not in place last winter include Improved Access to Primary Care Services, with good roster fill and patient fill rates being seen. There will be routine slots available on Christmas Day, Boxing Day and New Year's Day for the first time. Patient transport will also be available on all weekends and bank holidays as part of the main contract. There have also been significant improvements to ambulance handover processes and times recently which are now visible in the reported data, and a number of units at both York and Scarborough hospitals have been updated and refurbished to provide better flow and better support for both adult and paediatric patients.
- 7.4 The discussions with Council of Representatives during October and November resulted in the offer of an additional 78 sessions of 12 patients each to enhance unplanned or same day capacity within Primary Care; these will be provided over the first two working weeks of January.
- 7.5 NHS England, Public Health England and the Department of Health and Social Care have issued a letter to give providers of seasonal flu immunisation and other stakeholders, preliminary information on the vaccines for the 2019-20 seasonal flu vaccination programme.

8. Better Care Fund update

York

- 8.1 The quarterly returns for the Better Care Fund (BCF) and iBCF (Improved Better Care Fund) were submitted in line with requirements on the 19 October 2018 for the Quarter 2 period of the 2017-19 Plan. The Quarter 3 return is due for submission on the 25 January 2019. An iBCF return is not required in Quarter 3.

- 8.2 We are awaiting guidance from NHS England for the 2019-20 BCF plan. This was due to be published in November or December 2018, but this has not happened at the time of writing this report.
- 8.3 The York BCF Performance and Delivery Group hosted a planning event on 26 November 2018 to involve stakeholders and schemes in early discussions about the one year plan for 2019-20. Participants considered how we could build on our existing plan to achieve better outcomes and value for money. The session also looked beyond the current arrangements to consider transformative approaches to integration such as joining up services around the individual and maximising strengths-based preventative work in communities. These discussions will feed into the development of the new BCF Plan, once the national framework has been published.

North Yorkshire and East Riding

- 8.4 The CCG's Head of Partnerships and Integration and the Deputy Chief Finance Officer are to meet with North Yorkshire County Council and East Riding of Yorkshire CCG to review the existing investment and prepare for the 2019-20 plan.

9. Humber, Coast and Vale Health and Care Partnership

- 9.1 Andrew Burnell, previously the Chief Executive of City Health Care Partnership, has temporarily taken over as the Partnership Lead. Andrew took up the interim role on 3 December 2018.

10. Planning for the UK's exit from the European Union

- 10.1 In its preparations for the UK leaving the European Union, The Rt.Hon. Matt Hancock MP, Secretary of State for Health and Social Care has written to all sectors of the NHS to provide information about the Government's work to ensure the health and care system is prepared whatever the scenario on the 29 March 2019.

11. Strategic and national issues

- 11.1 NHS England has partnered with NHS Clinical Commissioners to support clinical commissioning groups in ensuring that they can use their prescribing resources effectively and deliver best patient outcomes from the medicines that their local population uses. A national public consultation has been launched on proposals to update and review commissioning guidance on eight more products that cost the NHS more than £68 million. In the majority of cases there are other more effective, safer and/or cheaper alternatives available to the items that NHS England is recommending should not be routinely prescribed in primary care. The consultation runs until 28 February 2019.


- 11.2 Following a public consultation, NHS England has issued new guidance on 17 interventions which clinicians say are of little or no value to patients. Four of the interventions, such as surgery to prevent snoring will now only be offered in exceptional circumstances, while a longer list of thirteen interventions such as, breast reduction surgery or the removal of benign skin lesions will be offered when specific clinical criteria are met. The move will free up resources so they can be directed elsewhere and reduce risks to patients by cutting out up to 100,000 unnecessary procedures.
- 11.3 NHS England has developed guidance for CCGs, which is intended to communicate changes in regulations, and to support CCGs with their development of their local Gluten-Free food prescribing policies. The new guidance follows extensive consultation by the Department of Health and Social Care and a change in the law which came into force on 4 December 2018 that only bread and gluten free 'mixes' remain available via NHS prescription.
- 11.4 The Independent Review of the Mental Health Act has been described as presenting a "fundamental shift" in mental health care in the recommendations report from NHSCC's Mental Health Commissioners Network. The report calls for a modernisation of the Mental Health Act 1983, including improved rights for those detained under the Act. This includes putting service users at the heart of decisions about their care, which is something we advocated in our recent report on urgent and emergency mental health care, Be the Change.
- 11.5 The new NHS App provides simple and secure access to a range of healthcare services on a smartphone or tablet. Developed by NHS Digital and NHS England, the app will enable many patients to register without attending the practice, reducing administrative burden on reception staff. The App is expected to be gradually rolled out to patients across England from December 2018.
- 11.6 The Association of Directors of Adult Social services and the Department of Health and Social Care have written to Directors of Adult Social Services regarding the fifth autism self-assessment framework (SAF). The letter asks for continued support and commitment to raise awareness of autism, and prompts local areas to review their progress against the Autism Strategy (which focuses on adults and children transitioning to adulthood, without a learning disability) and to help identify local priorities.
- 11.7 The Voluntary, Community and Social Enterprise Health and Wellbeing Fund 2019-20 on Children and Young People's Mental Health was launched recently. The funding, in each round, focuses on a specific theme and this round will provide grants of up to £510,000 over three years, to organisations to expand and evaluate current projects improving the mental health of

children and young people, particularly supporting those going through life changing events. All grants are subject to yearly business planning processes. The Health and Wellbeing Programme, jointly run by Department of Health and Social Care, NHS England and Public Health England, are inviting applications from Voluntary Community and Social Enterprise organisations up until 12noon on Friday 15 February 2019.

- 11.8 General Practice appointment data was published on the 6 December 2018 by NHS Digital, and has for the first time provided information about activity and usage of GP appointments historically as well as how primary care is impacted by seasonal pressures, such as winter. The data will be updated on a monthly basis and presented to CCG level to track activity levels for appointments that have already happened.

12. Recommendation

- 12.1 The Governing Body is asked to note the report.

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| Item Number: 6 | |
| Name of Presenter : Phil Mettam | |
| Meeting of the Governing Body Date of meeting: 3 January 2019 |  Vale of York Clinical Commissioning Group |
| Risk Update Report | |
| Purpose of Report To Receive | |
| Reason for Report To provide assurance that risks are strategically managed, monitored and mitigated. This report provides present details of current events and risks escalated to Governing Body by the sub-committees of the Governing Body for consideration regarding effectiveness of risk management approach. All events have been reviewed by the relevant lead since the last Governing Body. | |
| Strategic Priority Links | |
| <input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability | |
| Local Authority Area | |
| <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council | |
| Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities | Covalent Risk Reference and Covalent Description All corporate risks escalated to the Governing Body. |
| Emerging Risks (not yet on Covalent) | |
| No new risks or events have been identified. | |

Recommendations

The Governing Body is requested to:

- review risks arising and to consider risk appetite for events and high scoring risks.

Responsible Executive Director and Title

Phil Mettam
Accountable Officer

Report Author and Title

Rachael Simmons
Corporate Services Manager

GOVERNING BODY: 3 JANUARY 2019

Risk Update Report

A different way of recording risks / events has been trialed without the use of Pentana (Covalent). Risk / event owners and leads have also been asked to identify both the impact and the likelihood of each risk / event. This new process is proving successful.

All events have been reviewed since the last Governing Body.

The following event rating has decreased :

| Reference | Description |
|-----------|---|
| PC.02 | Primary Care; capacity over winter. Increasing signs that workforce numbers in primary care are impacting on capacity. With the additional challenges of winter there is a risk that services will not be maintained with consequent risks to patient safety. Was likelihood 5; impact 3 – RAG 15 Now likelihood 4; impact 3 – RAG 12 |
| Update | Tiger Team have taken their individual actions to make rapid and responsive changes to urgent and primary care projects. Work to provide additional physio. support, and bids for funding to provide additional capacity are also on-going. |


The ratings for the following events have remained the same:




| Reference | RAG | Key Points |
|---|-------------------------------------|--|
| ES.17 Failure to deliver 1% surplus in-year | Likelihood 4; impact 4 RAG 16 | The CCG will not deliver a 1% surplus in-year confirmed in the Month 8 financial position. The CCGs and YTHFT respective Boards and Governing Bodies have now agreed the principles of a multi- year financial recovery plan. |
| ES.20 There is a potential risk of failure to maintain expenditure within allocation | Likelihood 4; impact 4 RAG 16 | Confirmed in the Month 8 financial position as the CCG is reporting a forecast deficit of £18.6m after £1.4m of Commissioner Sustainability Funding and £6m away from plan. . |
| JC.26a CAMHS long waiting lists | Likelihood 4; impact 4 RAG 16 | Although still long, waiting lists have reduced. Risk expected to reduce to RAG 12 by end of 2018/19. |
| JC.26b Children autism assessments | Likelihood 4; Impact 3 RAG 12 | TEWV is investing an additional £50k recurrently in the service from 2018/19. The CCG has committed non-recurrent funding of £120k in |


| | | |
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| | | 2018/19 to fund additional assessments. |
| JC.26c Children and young people's eating disorders | Likelihood 4; impact 4 RAG 16 | Additional funding agreed for 0.6WTE (0.4 psychologist and 0.2 mental health nurse) as part of additional recurrent CCG investment. |
| JC.30 Dementia - failure to achieve 67% coding target in general practice | Likelihood 3; impact 4 RAG 12 | Diagnosis rates decreased from 60.9 % to 60% in October. A further review and visit from the NHS England IST is scheduled for 10.01.2019. |
| QN.02 Potential risk to quality of care and patient safety at Unity Practice | Likelihood 4; impact 4 RAG 16 | Follow up CQC inspection anticipated December 2018 / January 2019. |


CORPORATE ON-GOING EVENTS MANAGED BY GOVERNING BODY

| Risk Ref & Title | Description | Impact on Care, Potential for Harm | Mitigating Actions | Latest Note | Operational Lead | Lead Director | L'hood | Impact | Current Risk Rating | Movement this Month | Last Review |
|--|---|---|---|---|---------------------|--|--------|--------|---------------------|---------------------|------------------|
| ES.17 There is a potential risk that the CCG will fail to deliver a 1% surplus in-year. | The scale of the financial challenge for the organisation is such that the CCG will not deliver a 1% surplus in-year or cumulatively in the short term and will likely require a number of years to reach this point. | Failure to retain a surplus of 1% will not have an overall impact on patient care. | AIC including joint cost reduction programme. Joint System Transformation Board. | The CCG has submitted a 2018/19 plan that delivers the required in-year control total deficit of £14m against which it will be measured and for which it would then be able to access Commissioner Sustainability Funding of £14m, a technical adjustment that would mean an in-year break-even position. Therefore, the CCG will not deliver a 1% surplus in-year. This is confirmed in the Month 8 financial position as the CCG is reporting a forecast deficit of £18.6m after £1.4m of Commissioner Sustainability Funding and £6m away from plan. The CCGs and YHFT respective Boards and Governing Bodies have now agreed the principles of a multi- year financial recovery plan. | Michael Ash-McMahon | Chief Finance Officer | 4 | 4 | 16 | | 13 December 2018 |
| ES.20 There is a potential risk of failure to maintain expenditure within allocation | The scale of the financial challenge for the organisation is such that the CCG will not maintain expenditure within the in-year allocation. | | Heads of Terms including Joint QIPP programme Joint Programme Board Capped Expenditure Programme | This is confirmed in the Month 8 financial position as the CCG is reporting a forecast deficit of £18.6m after £1.4m of Commissioner Sustainability Funding and £6m away from plan. The CCGs and YHFT respective Boards and Governing Bodies have now agreed the principles of a multi- year financial recovery plan. | Michael Ash-McMahon | Chief Finance Officer | 4 | 4 | 16 | | 13 December 2018 |
| JC.26a CAMHS: long waiting lists for assessment and treatment that significantly extend beyond national constitutional standards | Continued sustained demand since 2015/16 has generated long waiting lists to be assessed and commence treatment. Long waiting lists may adversely affect response to treatment and outcomes. CYP and families experience longer periods of stress and anxiety waiting for appointments and treatment. | Delays in assessment and diagnosis leading to delays in treatment and support options. Poor patient experience. | Governing Body strategic commitment to mental health investment as a priority for the CCG. Service action plan in place. Close monitoring at CMB / F&P / QPEC and Governing Body. | Waiting lists remain long reflecting the high levels of referral into service despite the schools projects and the crisis team, all of which have reduced demand for support. The CCG is investing £120k recurrently into CAMHS services from 2018/19; TEWV will use this for additional support to the emotional and eating disorders pathways. | Susan De Val | Executive Director of Transformation, Complex Care and Mental Health | 4 | 4 | 16 | | 04 December 2018 |

| Risk Ref & Title | Description | Impact on Care, Potential for Harm | Mitigating Actions | Latest Note | Operational Lead | Lead Director | L'hood | Impact | Current Risk Rating | Movement this Month | Last Review |
|--|--|---|---|---|------------------|--|--------|--------|---------------------|---|------------------|
| | Poorer or reduced outcomes may have effects on longer term emotional and mental health. There is potential detriment to CCG reputation, and effects on partnerships, e.g. local authority. | | <p>Capacity and Demand Gap Analysis received at end of July 2018 and considered by CMB. It will inform future decisions around further reinvestment.</p> <p>Commitment to continue school well-being services in York and North Yorkshire funding (in the baseline) to support those with lower level needs. .</p> <p>Local Transformation Plan highlights need for early identification and intervention to prevent escalation of symptoms and conditions. This is across the CCG area and engages all agencies.</p> | Staff have been appointed and are in post. The CVs for this investment have set out measures to show effect on waiting times and are under discussion with TEWV. The numbers waiting on the emotional pathway (depression anxiety, self-harm and other similar conditions) have reduced in November, due to the commencement of group therapy work for those at the lower end of the scale of need. There will be further reductions as the new staff become active in post. We expect reduction in risk rating to 12 by end of 2018/19. | | | | | | | |
| JC.26b Children's Autism Assessments: long waiting lists and non-compliance with NICE guidance for diagnostic process | <p>For the 5-18 pathway there is a long waiting list. Waits increase the strain and anxiety for families who do not always receive support for other agencies pending diagnosis.</p> <p>Issue is becoming more prominent in media enquiries and MP correspondence.</p> | Delays in assessment and diagnosis mean families wait longer for specialist support in school and other settings. | <p>Action plan to address issues around waiting list and diagnostic process.</p> <p>Close monitoring at CMB / F&P / QPEC and Governing Body.</p> <p>The capacity and gap analysis has been received and considered at CMB and will inform future decisions on investment should funds be available.</p> <p>Changes in TEWV internal triage process in Autumn 2017 will work through into Autumn/Winter 2018 and improve ratio of assessments: conversion rate and the reduction in waiting times. The matter remains referenced at CMB to ensure focus is maintained.</p> <p>TEWV is reviewing the pathway around integration of autism and ADHD referrals to</p> | <p>TEWV is investing an additional £50k recurrently in the service from 2018/19. Staff have been appointed and coming into post in October/November 2018.</p> <p>The CCG has committed non-recurrent funding of £120k in 2018/19 to fund additional assessments (combination of slippage and additional in year funding). TEWV projects 67 additional assessments in the current year: 27 undertaken by the independent sector, and the remainder utilising bank staff and overtime payments.</p> <p>Workshop on 06.11.2018 to map full pathway across agencies has provided greater transparency and begins to highlight how agencies can work together more effectively to support children with a view to reducing need for assessment in the long term.</p> <p>With LA colleagues we met parents on 19.10.2018 to discuss</p> | Susan De Val | Executive Director of Transformation, Complex Care and Mental Health | 4 | 3 | 12 |  | 04 December 2018 |

| Risk Ref & Title | Description | Impact on Care, Potential for Harm | Mitigating Actions | Latest Note | Operational Lead | Lead Director | L'hood | Impact | Current Risk Rating | Movement this Month | Last Review |
|---|---|---|---|---|-----------------------------|--|--------|--------|---------------------|---|------------------|
| | | | improve overall response to patient need. Expect to see conversion rate start to improve by end of 2018/19 and waiting times to reduce by end Q4/Q1 2019/20 | issues around waiting times: feedback will influence the mapping exercise and be taken into the remedial action plan. | | | | | | | |
| JC.26c Children and young people eating disorders. Non-compliance with national access and waiting time standards | Higher than anticipated referral rates into the NYY eating disorder service in York hampers TEWV in meeting access and waiting time standards. These patients are usually very ill and require intensive long term care and support. The high volume means patients may not receive early intensive treatment | Delays in assessment and diagnosis and potentially longer periods in treatment with potential for poorer outcomes. Doubtful will meet national waiting time standards by 2021. Currently unable to develop early intervention activity or training in schools and other community settings. | Action plan across NYY to set out how TEWV will deliver to national standards and examine improving issues around dosage and physical health checks. TEWV's performance improving against local trajectories: expect to meet in year targets for urgent and routine cases. . Close monitoring at CMB / F&P / QPEC and Governing Body. | Additional funding agreed for 0.6WTE (0.4 psychologist and 0.2 mental health nurse) as part of additional recurrent CCG investment. Performance against access and waiting times standards improving at Q2 and expect to meet in year targets, and delays in assessment due to staff capacity have reduced Workshop on 13.09.2018 to review action plan across NYY area has identified need for shared care agreement with primary care for physical health monitoring. Meeting with primary care leads arranged for early November 2018. | Susan De Val | Executive Director of Transformation, Complex Care and Mental Health | 4 | 4 | 16 |  | 04 December 2018 |
| JC.30 Dementia - Failure to achieve 67% coding target in general practice. | Non delivery of mandatory NHS England targets. Lack of sufficient providers in some areas resulting in delayed transfers of care or limited choice available to patients. Meeting new standards. | Further pressure from NHS England to rectify this. Service users may not be appropriately flagged and therefore on-going referrals from primary care will not have the relevant information to make reasonable adjustments for their carers support. | CCG leads have devised a comprehensive action plan. CCG to provide focussed support targeting the larger practices with the lowest coding rates. All practices will be encouraged to re-run the toolkit and review all records identified. Controls include: Programme meeting and TEWV CMB | Diagnosis rates decreased from 60.9 % to 60% in October This was largely due to the closure of two care homes. The majority of patients were moved out of area. A further review and visit from the NHS England IST is scheduled for 10.01.2019. | Sheila Fletcher | Executive Director of Transformation, Complex Care and Mental Health | 3 | 4 | 12 |  | 11 December 2018 |
| QN.02 Potential risk to quality of care and patient safety at Unity Practice | Unity Practice in NHS Vale of York CCG area has been assessed as 'Inadequate' by the CQC in all but one domain and placed in special measures. There is a risk the practice may not meet the required improvements when fully re-inspected in around six | Quality of patient care and patient safety may be compromised | Unity are continuing to fully engage with the CCG and are responsive to all offers of support and subsequent improvement. The support from C. Lythgoe will cease in November but there as a plan to recruit to Nurse Leadership posts in the future. Lou Johnson attending the Yorkshire and the Humber | Following a comprehensive inspection by CQC on 23.05.2018 the practice was rated as inadequate overall. The practice have closed their patient list. CQC will review on 18.09.2018. CQC re-inspected Unity Practice on 18.09.2018 and the CCG. Improvements were noted and the practice were allowed to reopen their list to new registrations from | Sarah Goode / Jenny Brandom | Executive Director of Quality and Nursing | 4 | 4 | 16 |  | 29 November 2018 |

| Risk Ref & Title | Description | Impact on Care, Potential for Harm | Mitigating Actions | Latest Note | Operational Lead | Lead Director | L'hood | Impact | Current Risk Rating | Movement this Month | Last Review |
|--|---|--|--|---|------------------|--|--------|--------|---------------------|---|------------------|
| | months' time leading to potential for the CQC to close the service. | | Leadership Academy Practice Managers Programme 2018/19. Actively involved in the self-assessment process and support provided by Lynn Lewendon and Sarah Goode. Support from a GP appraisal lead from NHS England medical team who is supporting Unity review their clinical leadership. | 26.09.2018. The practice will be re-inspected within three months where there is opportunity to impact on their rating which remains inadequate. | | | | | | | |
| PC.02 - Primary Care; capacity over winter | There are increasing signs that workforce numbers in primary care (GPs, Nurses and other staff) are impacting on capacity. With the additional challenges of winter there is a risk that services will not be maintained with consequent risks to patient safety. | As capacity in general practice is limited by workforce, access to routine and urgent appointments may deteriorate resulting in patients not accessing care, or accessing care inappropriately (e.g., unnecessary use of A&E). Patients may also not receive regular reviews through routine care as limited capacity switches to manage urgent. This could lead to more patients with long term conditions requiring hospitalisation. | Practices are reviewing their provision to match demand to capacity. Access to locums is now limited and so other clinical staff are being asked to support tasks previously performed by GPs. Practices are beginning to work together to address long term capacity issues. | <p>Tiger Team have taken their individual actions to make rapid and responsive changes to urgent and primary care projects. CoR have had two updates around the on-going resilience work, winter planning group meetings continue, and new lead for the Central locality has taken up post.</p> <p>Work to provide additional physio. support, and bids for funding to provide additional capacity are also on-going.</p> <p>Rollout of Improving Access has demonstrated some of the potential for working together in localities, and cooperative work is starting to grow.</p> | Becky Case | Executive Director of Primary Care and Population Health | 4 | 3 | 12 |  | 18 December 2018 |

| | | | |
|--|---|---|---|
| Item Number: 7 | | | |
| Name of Presenter: Simon Bell | | | |
| Meeting of the Governing Body Date of meeting: 3 January 2019 |  Vale of York Clinical Commissioning Group | | |
| Financial Performance Report Month 8 | | | |
| Purpose of Report For Information | | | |
| Reason for Report <p>To brief members on the financial performance of the CCG and achievement of key financial duties for 2018/19 as at the end of November 2018.</p> <p>To provide details and assurance around the actions being taken.</p> | | | |
| Strategic Priority Links <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability </td> </tr> </table> | | <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract | <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability |
| <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract | <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability | | |
| Local Authority Area <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council </td> </tr> </table> | | <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council | <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council |
| <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council | <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council | | |
| Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities | Covalent Risk Reference and Covalent Description F17.1- ORG Failure to deliver 1% surplus F17.2 – ORG Failure to deliver planned financial position F17.3 – ORG Failure to maintain expenditure within allocation | | |

Emerging Risks (not yet on Covalent)

Recommendations

The Governing Body is asked to note the financial performance to date and the associated actions.

Responsible Executive Director and Title

Simon Bell, Chief Finance Officer

Report Author and Title

Caroline Goldsmith, Deputy Head of Finance
Michael Ash-McMahon, Deputy Chief Finance Officer

Finance and Contracting Performance Report – Executive Summary



April 2018 to November 2018
Month 8 2018/19

Financial Performance Headlines

IMPROVEMENTS IN PERFORMANCE

| Issue | Improvement | Action Required |
|--|--|--|
| AIC contract with York Teaching Hospital NHS FT | The total forecast outturn position for the Aligned Incentive Contract has improved slightly this month following the outcome of the procurement and the confirmed price for Adalimumab. | Continue to monitor impact of biosimilar savings. |
| Other Mental Health | The expected costs associated with TCP have been reviewed and reduced in line with current expectations. | Continue to monitor information regarding TCP costs. |
| Mental Health Non Contracted Activity (NCAs) | Mental Health NCAs have been reviewed and forecast outturn has improved by £187k. This review has highlighted that the CCG has been incorrectly charged for services already included within contracts which has been raised and agreed with providers, and the forecast amended accordingly for the expected credits. | Continue to monitor expenditure included within this area and challenge where appropriate. |
| Cash | The CCG Maximum Cash Draw Down has been adjusted for actual depreciation and is now wholly in line with the forecast outturn. | |

Financial Performance Headlines

DETERIORATION IN PERFORMANCE

| Issue | Deterioration | Action Required |
|--|---|---|
| Acute Services (excluding York Teaching Hospitals NHS Foundation Trust) | Acute Services have deteriorated by £423k compared to Month 7. This largely relates to Leeds and Nuffield contracts, where there has been an increase in month in day case activity and this is built into the forecast. There is a further increase in NCAs which continue to come through for periods earlier in the year above that which we would anticipate. | The NCAs issue has been picked up with NECS as the service provider to establish if there is an issue with the processing of these or the invoicing from providers and if the latter are we an outlier and what can be done about this. |
| Primary Care – Other GP Services | The forecast for Primary Care – Other GP services has deteriorated by £77k in month. This is due to the 6.9% increase in dispensing doctors fees which were not known about at the time of budget setting. | This is a national issue and not for local negotiation. |

Financial Performance Headlines

ISSUES FOR DISCUSSION AND EMERGING ISSUES

1. Financial recovery actions – The financial recovery actions agreed by Executive Committee are shown in Section 8 of the financial performance report. Delivery of these actions will be reported on each month for the remainder of the financial year.

2. Multi-year financial recovery plan – The aligned incentive contract system partners have taken the jointly developed paper outlining the principles of the multi-year financial recovery plan through their respective governance process and these have been approved by the respective Governing Bodies and Trust Board. The detailed planning guidance is still awaited and unlikely to be published with CCG allocations before Christmas, although the first activity planning submission remains as the 14th January. The CCG has co-ordinated a joint health system meeting on the 15th January to discuss how different areas are prioritised and funding allocated within the overall available envelope.

3. Continuing Health Care – The latest update from S&R CCG is that there are doubts with regards to the veracity of the responsible commissioner work that has been undertaken thus far and therefore no additional impact of this has been built in regardless of whether positive or negative. Moreover, the S&R CCG continue to invoice for historic payments over and above the agreed reconciliation exercise and £1m impact the CCG built in. As agreed with NHSE as part of this deal the impact of both of these will need to be built into the CCG's position in a planned way and further work is already set-up to quantify this with S&R.

Financial Performance Summary

Summary of Key Finance Statutory Duties

| Indicator | Year to Date | | | | Forecast Outturn | | | |
|--|--------------|--------------|----------------|---------------|------------------|--------------|----------------|---------------|
| | Target £m | Actual £m | Variance £m | RAG rating | Target £m | Actual £m | Variance £m | RAG rating |
| In-year running costs expenditure does not exceed running costs allocation | | | | | 7.6 | 6.8 | 0.8 | G → |
| In-year total expenditure does not exceed total allocation (Programme and Running costs) | | | | | 467.1 | 485.7 | (18.6) | R → |
| Better Payment Practice Code (Value) | 95.00% | 99.23% | 4.23% | G | 95.00% | >95% | 0.00% | G |
| Better Payment Practice Code (Number) | 95.00% | 96.68% | 1.68% | G | 95.00% | >95% | 0.00% | G |
| CCG cash drawdown does not exceed maximum cash drawdown | | | | | 485.5 | 485.5 | 0.0 | G ↑ |

- 'In-year total expenditure does not exceed total allocation' – outturn expenditure is forecast to be £18.6m higher than the CCG's in-year allocation. This represents a £6.0m deterioration from plan.

Financial Performance Summary

Summary of Key Financial Measures

| Indicator | Year to Date | | | | Forecast Outturn | | | |
|--|--------------|--------------|----------------|---------------|------------------|--------------|----------------|---------------|
| | Target £m | Actual £m | Variance £m | RAG rating | Target £m | Actual £m | Variance £m | RAG rating |
| Running costs spend within plan | 4.6 | 4.7 | (0.1) | A | 6.8 | 6.8 | 0.0 | G |
| Programme spend within plan | 317.2 | 322.3 | (5.1) | R | 472.8 | 478.9 | (6.0) | R |
| Actual position is within plan (in-year) | (7.9) | (13.2) | (5.2) | R | (12.6) | (18.6) | (6.0) | R |
| Actual position is within plan (cumulative) | | | | | (56.4) | (62.5) | (6.0) | R |
| Risk adjusted deficit | | | | | (18.6) | (18.6) | 0.0 | G |
| Cash balance at month end is within 1.25% of monthly drawdown (£k) | 472 | 155 | 317 | G | | | | |
| QIPP delivery | 8.4 | 4.0 | (4.3) | R | 14.5 | 8.2 | (6.3) | R |

QIPP Summary

| | |
|----------------------|------|
| QIPP Summary | £m |
| QIPP Target | 14.5 |
| Delivered at Month 8 | 4.0 |
| QIPP Remaining | 10.5 |

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Detailed Narrative

Report produced: December 2018

Financial Period: April 2018 to November 2018 (Month 8)

1. Overall reported financial position

The Year to Date (YTD) reported deficit at Month 8 is £13.2m, and the forecast deficit for 2018/19 remains at £18.6m. The forecast position represents a £6.0m adverse variance against the CCG's financial plan and includes the anticipated effect of the additional financial recovery actions which have been agreed by Executive Committee and detailed in Section 8. The delivery of these actions will continue to be monitored in this report and via the Financial Recovery Board.

Excluding the receipt of Quarter 1 Commissioner Sustainability Funding (CSF), the CCG are forecasting an in-year deficit of £20.0m against a planned deficit of £14.0m. This continues to represent a further year of stabilisation of the CCG's financial position when compared to the 2017/18 deficit of £20.1m.

For clarity, the table below shows the CCG's financial plan (YTD and forecast outturn) adjusted for CSF.

| | Year to Date | Forecast Outturn | |
|---|-----------------|------------------|---|
| CCG planned surplus / (deficit) | (£9.3m) | (£14.0m) | As per submitted financial plan |
| CSF received | £1.4m | £1.4m | Q1 payment received, 10% of total value as per national quarterly profile |
| Planned surplus / (deficit) net of receipt of CSF | (£7.9m) | (£12.6m) | |
| Reported surplus / (deficit) | (£13.2m) | (£18.6m) | |
| Variance to financial plan | (£5.2m) | (£6.0m) | |

2. Year to Date Supporting Narrative

The reported YTD deficit is £13.2m against a plan of £7.9m. Within this position are several variances from plan which are explained in further detail in the table below.

QIPP delivery of £4.0m has been achieved against a plan of £8.4m. This largely relates to schemes outside of the Aligned Incentive Contract (AIC) with York Teaching Hospital NHS Foundation Trust (YTHFT), and these are shown in detail in Section 8.

Reported year to date financial position – variance analysis

| Description | Value | Commentary / Actions |
|---|----------|---|
| York Teaching Hospital NHS Foundation Trust | (£7.97m) | The AIC contract with YTHFT is reported with the risk share fully invoked within the contract position. The |

NHS Vale of York Clinical Commissioning Group
Financial Performance Report

| | | |
|--|-----------------|--|
| (YTHFT) | | YTD position also includes the impact of the over trade on high cost drugs and devices and an estimated cost relating to the increase in unplanned activity. The actual costs relating to this have been reported by YTHFT, marginally higher than the 20% charge. However, it is anticipated as part of the recent contract alignment exercise that these together with the actual costs of the winter plan will be within the CCG's forecast, with the only outstanding query in relation to CRTP funding. |
| Continuing Care | (£2.55m) | The reported year to date position is based on information from the QA system. The YTD position now includes the £1.0m pressure resulting from the reconciliation work now completed by Scarborough and Ryedale CCG. The CHC plan includes £1.35m of YTD QIPP; actual savings of £669k have been delivered within the YTD position. |
| Contingency | £2.32m | The 0.5% contingency provided for in plan has been fully released in the YTD position. |
| Ramsay | £0.99m | The plan anticipated an increase in activity in Month 4 on the basis that activity would rise as patients delayed by the threshold became eligible. This rise did not occur and so there is a significant on-going underspend. |
| Other Primary Care | £0.94m | The primary care £3 per head provided in plan was £718k for April to November. Schemes funded by £3 per head have slipped and so spend in this period has been minimal. |
| Mental Health Out of Contract Placements | (£0.90m) | The overspend in this area has been reviewed in more detail and found to be due to some corrections of coding of packages from the data provided by the PCU, the full year effect of placements already agreed in 2017/18 and minimal placements ending in year. |
| QIPP adjustment | £0.86m | The CCG identified QIPP schemes totalling £859k more than required to deliver the financial plan. Identified schemes were applied to the relevant expenditure lines in full, which therefore created an additional QIPP 'contingency' of £859k. This has been fully released in the YTD position. |
| Other Mental Health | £0.66m | Costs in relation to Transforming Care Partnerships (TCP) have been re-profiled to the last three months of the year in line with expected timescales. |
| Primary Care Prescribing | (£0.52m) | There has been a significant overspend against budget on prescribing in September. |
| CHC Clinical Team | £0.48m | The YTD position reflects the lower level of spend compared to the budget set to fund the former Partnership Commissioning Unit. |
| Other variances | £0.45m | |
| Total impact on YTD position | (£5.24m) | |

3. Forecast Outturn Supporting Narrative

The forecast outturn of £18.6m represents a £6.0m deterioration against plan. The main variances within this forecast are detailed in the following table.

The CCG is not reporting any further risks to the forecast financial position, and all identified mitigations are now reflected in the reported forecast outturn.

Forecast in-year financial position – variance analysis

| Description | Value | Commentary / Actions |
|---|-----------|---|
| York Teaching Hospital NHS Foundation Trust (YTHFT) | (£11.86m) | The AIC contract with YTHFT is forecast with the risk share fully invoked. The forecast also includes the impact of the over trade on high cost drugs and devices, and an estimated cost relating to the increase in unplanned activity. The AIC position is reported in more detail in Section 9. |
| Continuing Care | (£2.44m) | The reported forecast position is based on information from the QA system. The forecast includes delivery of £1.81m of QIPP against a QIPP target of £2.50m. The YTD and forecast positions include the £1.00m cost pressure relating to the reconciliation work carried out by Scarborough and Ryedale CCG. |
| Contingency | £2.32m | The full value of the 0.5% contingency has been released in to the forecast outturn position. |
| Ramsay | £1.70m | The CCG's financial plan anticipated an increase in activity in Month 4 on the basis that activity would rise as patients delayed by the threshold became eligible. However, this rise has not yet occurred and the CCG is now forecasting activity to remain at a similar level to that seen in the first half of 2018/19. |
| Mental Health Out of Contract Placements | (£1.35m) | The overspend in this area has been reviewed in more detail and found to be due to some corrections of coding of packages from the data provided by the PCU, the full year effect of placements already agreed in 2017/18 and minimal placements ending in year. |
| Other Primary Care | £1.22m | This includes financial recovery actions relating to £3 per head practice transformation funding and Improving Access – the value of these is £0.87m. |
| Reserves | £1.04m | This forecast includes additional system recovery actions of £642k. This has been forecast through reserves as it is currently not known exactly where the cost reduction will be realised, although plans are being developed. |
| QIPP adjustment | £0.86m | The CCG identified QIPP schemes totalling £859k more than required to deliver the financial plan. Identified schemes were applied to the relevant expenditure lines in full, which therefore created an additional QIPP 'contingency' of £859k. |
| CHC Clinical Team | £0.66m | The forecast underspend is based on the YTD expenditure levels and reflects the lower level of spend compared to the budget set to fund the former |

NHS Vale of York Clinical Commissioning Group
Financial Performance Report

| | | |
|--|-----------------|--|
| | | Partnership Commissioning Unit. |
| Tees, Esk and Wear Valleys NHS Foundation Trust | £0.66m | The forecast position includes a proposed £0.75m reduction to the contract value in 2018/19. |
| York Teaching Hospital NHS Foundation Trust – Community Services | (£0.63m) | The AIC included a planned £700k QIPP relating to community services, this variance represents the risk share element of non-delivery of this scheme. |
| Other Community | £0.57m | The CCG's QIPP plan included £0.51m of reinvestment in community services, provided that savings relating to unplanned admissions were realised. This saving is not expected to be delivered, so funding for reinvestment will not become available. This underspend against plan is offset by non-delivery of QIPP on the YTHFT acute line. |
| Other Mental Health | £0.52m | Expenditure in relation to TCP has been reviewed and reduced in line with latest expectations. |
| Other variances | £0.69m | |
| Total impact on forecast position | (£6.04m) | |

4. Allocations

Allocation adjustments have been received in Month 8, as follows:

| Description | Recurrent / Non-recurrent | Category | Value |
|--|---------------------------|-----------|-----------------|
| Total allocation at Month 7 | | | £423.23m |
| Charge Exempt Overseas Visitor (CEOV) Adjustment | Non-recurrent | Programme | (£0.23m) |
| Total allocation at Month 8 | | | £423.00m |

5. Underlying position

| Description | Value |
|--|------------------|
| Planned in-year deficit | (£12.60m) |
| Adjust for non-recurrent items in plan - | |
| Commissioner Sustainability Funding Q1 | (£1.40m) |
| Primary Care £3 per head | £1.08m |
| Repayment of system support | £0.33m |
| Other non-recurrent items in plan | £0.04m |
| Forecast outturn variance from financial plan | (£6.05m) |
| Adjust for non-recurrent variances in forecast outturn | |
| CHC legacy reconciliation | £1.00m |
| Non recurrent financial recovery actions | (£3.76m) |
| Other non-recurrent variances | £0.57m |
| Underlying financial position | (£20.79m) |

6. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as at 30th November 2018. The CCG's Maximum Cash Drawdown as determined by NHS England has been updated in November for the expected value of depreciation and is now showing as being met in year

The CCG achieved the Better Payment Practice Code in terms of both the volume and value of invoices being paid above the 95% target in Month 8.

7. QIPP programme

| Area | Ref | Scheme | Year to Date | | | Forecast Outturn | | |
|-----------------|---------|--|--------------|--------------|----------------|------------------|--------------|----------------|
| | | | Plan | Actual | Variance | Plan | Actual | Variance |
| Planned Care | 2018/01 | Trauma and Orthopaedics | 1,219 | 0 | (1,219) | 2,250 | 0 | (2,250) |
| | 2018/02 | Optimising Health Thresholds | 667 | 1,653 | 987 | 1,000 | 2,699 | 1,699 |
| | 2018/03 | General Surgery / Gastroenterology | 556 | 0 | (556) | 1,000 | 0 | (1,000) |
| | 2018/04 | Biosimilar high cost drugs gain share | 422 | 98 | (324) | 632 | 585 | (48) |
| | 2018/05 | Microsuction (ENT) | 83 | 0 | (83) | 250 | 0 | (250) |
| | 2018/06 | Cardiology | 222 | 0 | (222) | 400 | 0 | (400) |
| | 2018/07 | Ophthalmology | 188 | 0 | (188) | 338 | 0 | (338) |
| | 2018/08 | Back Pain PLCV | 188 | 0 | (188) | 338 | 0 | (338) |
| | 2018/09 | Neurology | 167 | 0 | (167) | 300 | 0 | (300) |
| | 2018/10 | PLCVs | 157 | 0 | (157) | 282 | 0 | (282) |
| | 2018/11 | General Medicine | 78 | 0 | (78) | 156 | 0 | (156) |
| Out of Hospital | 2018/17 | Reduce ED Attendances | 101 | 0 | (101) | 151 | 0 | (151) |
| | 2018/20 | Non Elective Admissions Management | 779 | 0 | (779) | 1,169 | 0 | (1,169) |
| | 2018/21 | Delayed Transfers of Care (DToC) Reduction | 409 | 0 | (409) | 614 | 0 | (614) |
| | 2018/22 | Community Beds Productivity Programme | 233 | 0 | (233) | 700 | 0 | (700) |
| | 2018/23 | Patient Transport project - reprourement | 90 | 158 | 68 | 150 | 277 | 127 |
| Prescribing | 2018/24 | Community Podiatry | 17 | 37 | 19 | 26 | 37 | 11 |
| | 2018/40 | Minor Ailments Prescribing | 50 | 0 | (50) | 75 | 0 | (75) |
| | 2018/41 | Prescribing Schemes | 1,000 | 786 | (214) | 1,500 | 1,628 | 128 |
| Primary Care | 2018/42 | Continence and Stoma Care | 30 | 0 | (30) | 53 | 0 | (53) |
| | 2018/31 | GPIT - NYNET | 75 | 75 | (0) | 113 | 113 | (0) |
| Complex Care | 2018/32 | Other Primary Care Indicative Budgets | 69 | 0 | (69) | 125 | 0 | (125) |
| | 2018/50 | Complex Care - CHC and FNC benchmarking | 1,354 | 669 | (685) | 2,500 | 1,815 | (685) |
| Running Costs | 2018/51 | Recommissioning MH out of contract expenditure | 271 | 144 | (127) | 500 | 327 | (173) |
| | 2018/60 | Commissioning support (eMBED) contract savings | 155 | 155 | 0 | 233 | 233 | 0 |
| | 2018/61 | Vacancy Control | 351 | 238 | (114) | 527 | 527 | (0) |
| | | Optimising elective capacity | 0 | 0 | 0 | 0 | 0 | 0 |
| | | Adjustment for identified schemes above in-year QIPP requirement | (573) | 0 | 573 | (859) | 0 | 859 |
| | | | 8,358 | 4,013 | (4,346) | 14,524 | 8,241 | (6,283) |

8. Financial Recovery Actions

The CCG's Executive Committee agreed financial recovery actions with a total value of £3.83m on 27 September 2018, which are detailed below. These recovery actions are included within the CCG's forecast outturn, alongside additional unidentified recovery actions of £642k.

| | Value agreed by Executive Committee (£m) | Value included in FOT (£m) | Comments |
|---|--|----------------------------|--|
| Additional unplanned activity at YTHFT | 1.00 | 1.00 | The forecast outturn for the AIC with YTHFT includes an estimate of cost for additional unplanned activity, which is currently based on 20% of tariff value. The CCG is disputing this basis and is challenging the need for additional Winter Planning costs over and above this. |
| Contract negotiations | 1.37 | 1.37 | The CCG has approached a number of providers to discuss non-recurrent in-year system support around contract values. |
| Primary Care underspends | 1.10 | 1.37 | Various actions to maintain the currently anticipated underspends within primary care over the remainder of the year. |
| City of York Council Better Care Fund uncommitted funds | 0.05 | 0.05 | The CYC BCF fund currently has £50k of CCG contribution uncommitted. |
| Vascular activity | 0.30 | 0.00 | The CCG has reviewed coding of vascular activity and concluded that charges are in line with guidance. This recovery action has now been removed from the CCG's forecast outturn. |
| Total identified recovery actions | 3.83 | 3.79 | |
| Additional unidentified financial recovery actions | 0.00 | 0.64 | This forecast includes additional system recovery actions of £642k. This has been forecast through reserves as further cost reduction opportunities are still being explored. |
| Total recovery actions | 3.83 | 4.43 | |

9. Aligned Incentive Contract with York Teaching Hospital NHS Foundation Trust

The detail of the reported position for the AIC is shown in the table below.

| | YTD £m | FOT £m | Comments |
|--|---------------|---------------|---|
| Contract value | 146.74 | 219.32 | This represents the value of the agreed contract. |
| Application of risk share above contract value | 2.14 | 3.70 | The reported position assumes that the risk share related to non-delivery of QIPP schemes has been invoked in full. |
| Excluded drugs and devices | 0.60 | 0.89 | High cost drugs and devices are included in the AIC as a risk / gain share, with the CCG and YTHFT sharing additional costs and benefits on a 50/50 basis. YTD spend is higher than the contract value for this element, and it is assumed that this will continue for the remainder of the financial year. |
| Increased cost of additional unplanned activity | 1.36 | 2.04 | The AIC allows for quantified and agreed exceptional incremental costs of delivering unplanned care activity where this is over and above the baseline included in the contract value. YTHFT have currently proposed that this impact is quantified based on 20% of the tariff value of additional activity. The CCG is disputing this as a basis and is challenging the need for additional Winter Planning costs over and above this. |
| Funding of winter schemes | 0.00 | 1.00 | The CCG has not committed to fund the £1.0m of winter schemes proposed by YTHFT over and above the additional unplanned activity costs. |
| Financial recovery action – additional unplanned activity at YTHFT | 0.00 | (1.00) | See Section 8 above. |
| Excluded drugs QIPP schemes | (0.10) | (0.58) | Forecast savings on biosimilar high cost drugs |
| Total reported contract position | 150.74 | 225.36 | |
| Value of contract under PBR / block | 154.09 | 232.18 | These figures represent the value of the activity at YTHFT under a Payment by Results arrangement, which would be significantly higher prior to any contract challenges the CCG would pursue. |
| Difference between AIC and PBR / block contact | (3.35) | (6.81) | |

NHS Vale of York Clinical Commissioning Group
Financial Performance Report

Appendix 1 – Finance dashboard

| | YTD Position | | | YTD Previous Month | | | YTD Movement | | | Forecast Outturn (FOT) | | | FOT Previous Month | | | FOT Movement | | |
|--|----------------|----------------|------------------|--------------------|----------------|------------------|----------------|----------------|------------------|------------------------|----------------|------------------|--------------------|----------------|------------------|----------------|----------------|------------------|
| | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 |
| Commissioned Services | | | | | | | | | | | | | | | | | | |
| Acute Services | | | | | | | | | | | | | | | | | | |
| York Teaching Hospital NHS FT | 128,485 | 136,455 | (7,970) | 112,631 | 119,409 | (6,778) | 15,854 | 17,046 | (1,192) | 191,609 | 203,464 | (11,855) | 191,609 | 203,537 | (11,928) | 0 | (73) | 73 |
| Yorkshire Ambulance Service NHS Trust | 8,740 | 8,740 | 0 | 7,648 | 7,648 | 0 | 1,093 | 1,093 | 0 | 13,110 | 13,110 | 0 | 13,110 | 13,110 | 0 | 0 | 0 | 0 |
| Leeds Teaching Hospitals NHS Trust | 5,761 | 5,469 | 291 | 5,022 | 4,694 | 328 | 738 | 775 | (37) | 8,604 | 8,147 | 457 | 8,604 | 8,031 | 573 | 0 | 115 | (115) |
| Hull and East Yorkshire Hospitals NHS Trust | 2,175 | 2,049 | 126 | 1,898 | 1,788 | 110 | 277 | 261 | 16 | 3,173 | 2,989 | 184 | 3,173 | 2,976 | 197 | 0 | 13 | (13) |
| Harrogate and District NHS FT | 1,532 | 1,611 | (80) | 1,333 | 1,403 | (71) | 199 | 208 | (9) | 2,283 | 2,394 | (110) | 2,283 | 2,394 | (110) | 0 | 0 | 0 |
| Mid Yorkshire Hospitals NHS Trust | 1,592 | 1,409 | 182 | 1,387 | 1,233 | 155 | 204 | 177 | 27 | 2,365 | 2,096 | 269 | 2,365 | 2,103 | 262 | 0 | (7) | 7 |
| South Tees NHS FT | 905 | 932 | (27) | 792 | 802 | (9) | 113 | 131 | (18) | 1,358 | 1,380 | (22) | 1,358 | 1,361 | (3) | 0 | 18 | (18) |
| North Lincolnshire & Goole Hospitals NHS Trust | 304 | 267 | 37 | 266 | 245 | 21 | 38 | 22 | 16 | 456 | 366 | 90 | 456 | 375 | 81 | 0 | (9) | 9 |
| Sheffield Teaching Hospitals NHS FT | 135 | 283 | (148) | 118 | 222 | (104) | 17 | 61 | (44) | 202 | 350 | (148) | 202 | 306 | (104) | 0 | 44 | (44) |
| Non-Contracted Activity | 2,875 | 3,144 | (269) | 2,516 | 2,683 | (167) | 359 | 461 | (102) | 4,313 | 4,681 | (368) | 4,313 | 4,593 | (280) | 0 | 88 | (88) |
| Other Acute Commissioning | 705 | 724 | (19) | 617 | 637 | (20) | 88 | 87 | 1 | 1,057 | 1,096 | (39) | 1,057 | 1,107 | (49) | 0 | (10) | 10 |
| Ramsay | 3,876 | 2,889 | 987 | 3,322 | 2,495 | 827 | 554 | 394 | 160 | 5,939 | 4,240 | 1,699 | 5,939 | 4,213 | 1,726 | 0 | 27 | (27) |
| Nuffield Health | 2,135 | 2,284 | (149) | 1,860 | 1,917 | (56) | 275 | 367 | (93) | 3,159 | 3,353 | (194) | 3,159 | 3,216 | (57) | 0 | 137 | (137) |
| Other Private Providers | 830 | 895 | (66) | 726 | 780 | (54) | 104 | 116 | (12) | 1,245 | 1,343 | (98) | 1,245 | 1,337 | (92) | 0 | 6 | (6) |
| Sub Total | 160,048 | 167,153 | (7,105) | 140,136 | 145,955 | (5,819) | 19,912 | 21,198 | (1,286) | 238,875 | 249,010 | (10,135) | 238,875 | 248,659 | (9,785) | 0 | 350 | (350) |
| Mental Health Services | | | | | | | | | | | | | | | | | | |
| Tees, Esk and Wear Valleys NHS FT | 27,405 | 27,346 | 60 | 23,982 | 23,918 | 64 | 3,423 | 3,428 | (4) | 41,058 | 40,399 | 658 | 41,058 | 40,389 | 668 | 0 | 10 | (10) |
| Out of Contract Placements | 3,711 | 4,609 | (898) | 3,255 | 4,062 | (807) | 456 | 547 | (91) | 5,473 | 6,824 | (1,351) | 5,473 | 6,884 | (1,411) | 0 | (60) | 60 |
| SRBI | 1,126 | 774 | 352 | 985 | 681 | 305 | 141 | 94 | 47 | 1,689 | 1,218 | 472 | 1,689 | 1,192 | 498 | 0 | 26 | (26) |
| Non-Contracted Activity - MH | 274 | 425 | (151) | 240 | 445 | (205) | 34 | (19) | 54 | 412 | 548 | (136) | 412 | 772 | (360) | 0 | (224) | 224 |
| Other Mental Health | 925 | 269 | 656 | 810 | 560 | 249 | 116 | (291) | 407 | 1,388 | 872 | 516 | 1,388 | 1,020 | 368 | 0 | (148) | 148 |
| Sub Total | 33,443 | 33,424 | 18 | 29,272 | 29,666 | (393) | 4,170 | 3,759 | 412 | 50,020 | 49,861 | 159 | 50,020 | 50,257 | (237) | 0 | (396) | 396 |
| Community Services | | | | | | | | | | | | | | | | | | |
| York Teaching Hospital NHS FT - Community | 12,254 | 12,464 | (210) | 10,810 | 10,915 | (105) | 1,444 | 1,549 | (105) | 18,031 | 18,661 | (630) | 18,031 | 18,661 | (630) | 0 | 0 | (0) |
| York Teaching Hospital NHS FT - MSK | 1,561 | 1,530 | 30 | 1,364 | 1,339 | 25 | 196 | 191 | 5 | 2,356 | 2,303 | 53 | 2,356 | 2,303 | 53 | 0 | 0 | 0 |
| Harrogate and District NHS FT - Community | 1,714 | 1,863 | (149) | 1,500 | 1,631 | (131) | 214 | 232 | (18) | 2,571 | 2,779 | (207) | 2,571 | 2,792 | (221) | 0 | (14) | 14 |
| Humber NHS FT - Community | 1,308 | 1,308 | 0 | 1,133 | 1,133 | 0 | 175 | 175 | 0 | 2,009 | 2,009 | 0 | 2,009 | 2,009 | 0 | 0 | 0 | 0 |
| Hospices | 848 | 848 | (0) | 742 | 742 | (0) | 106 | 106 | (0) | 1,271 | 1,272 | (1) | 1,271 | 1,272 | (0) | 0 | 0 | (0) |
| Longer Term Conditions | 281 | 201 | 80 | 246 | 180 | 66 | 35 | 21 | 14 | 422 | 287 | 135 | 422 | 299 | 123 | 0 | (12) | 12 |
| Other Community | 1,888 | 1,508 | 380 | 1,652 | 1,306 | 346 | 236 | 202 | 34 | 2,833 | 2,262 | 570 | 2,833 | 2,261 | 572 | 0 | 1 | (1) |
| Sub total | 19,855 | 19,723 | 131 | 17,447 | 17,246 | 201 | 2,407 | 2,477 | (70) | 29,493 | 29,573 | (80) | 29,493 | 29,597 | (104) | 0 | (24) | 24 |


NHS Vale of York Clinical Commissioning Group Financial Performance Report

| | YTD Position | | | YTD Previous Month | | | YTD Movement | | | Forecast Outturn | | | FOT Previous Month | | | FOT Movement | | |
|---|----------------|----------------|------------------|--------------------|----------------|------------------|----------------|----------------|------------------|------------------|----------------|------------------|--------------------|----------------|------------------|----------------|----------------|------------------|
| | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 |
| Other Services | | | | | | | | | | | | | | | | | | |
| Continuing Care | 17,424 | 19,971 | (2,547) | 15,285 | 17,949 | (2,664) | 2,139 | 2,022 | 117 | 25,667 | 28,103 | (2,437) | 25,667 | 28,228 | (2,561) | 0 | (124) | 124 |
| CHC Clinical Team | 1,248 | 769 | 480 | 1,092 | 639 | 453 | 156 | 129 | 27 | 1,873 | 1,211 | 661 | 1,873 | 1,153 | 720 | 0 | 58 | (58) |
| Funded Nursing Care | 2,890 | 2,718 | 172 | 2,528 | 2,379 | 150 | 361 | 339 | 22 | 4,334 | 4,076 | 258 | 4,334 | 4,078 | 257 | 0 | (2) | 2 |
| Patient Transport - Yorkshire | 1,342 | 1,356 | (14) | 1,174 | 1,197 | (23) | 168 | 159 | 9 | 2,015 | 2,023 | (8) | 2,015 | 2,030 | (15) | 0 | (7) | 7 |
| Voluntary Sector / Section 256 | 336 | 337 | (2) | 294 | 294 | (0) | 42 | 44 | (2) | 503 | 512 | (8) | 503 | 504 | (0) | 0 | 8 | (8) |
| Non-NHS Treatment | 388 | 398 | (10) | 340 | 352 | (13) | 49 | 46 | 3 | 582 | 597 | (15) | 582 | 603 | (21) | 0 | (6) | 6 |
| NHS 111 | 596 | 596 | 0 | 522 | 522 | 0 | 75 | 75 | 0 | 894 | 894 | 0 | 894 | 894 | 0 | 0 | 0 | 0 |
| Better Care Fund | 7,516 | 7,388 | 128 | 6,584 | 6,471 | 114 | 932 | 918 | 14 | 11,245 | 10,877 | 368 | 11,245 | 10,877 | 368 | 0 | 0 | (0) |
| Other Services | 1,118 | 1,138 | (20) | 988 | 1,001 | (13) | 131 | 138 | (7) | 1,641 | 1,301 | 340 | 1,641 | 1,302 | 338 | 0 | (2) | 2 |
| Sub total | 32,858 | 34,671 | (1,813) | 28,806 | 30,803 | (1,997) | 4,052 | 3,868 | 184 | 48,754 | 49,594 | (840) | 48,754 | 49,670 | (915) | 0 | (75) | 75 |
| Primary Care | | | | | | | | | | | | | | | | | | |
| Primary Care Prescribing | 31,680 | 32,203 | (523) | 27,655 | 28,024 | (369) | 4,025 | 4,179 | (154) | 47,272 | 47,656 | (384) | 47,272 | 47,608 | (336) | 0 | 48 | (48) |
| Other Prescribing | 1,081 | 1,546 | (465) | 946 | 1,307 | (361) | 135 | 239 | (104) | 1,925 | 2,104 | (179) | 1,925 | 2,024 | (100) | 0 | 80 | (80) |
| Local Enhanced Services | 1,342 | 1,343 | (1) | 1,174 | 1,150 | 24 | 168 | 193 | (25) | 2,013 | 2,082 | (69) | 2,013 | 2,044 | (31) | 0 | 38 | (38) |
| Oxygen | 212 | 246 | (34) | 185 | 216 | (31) | 26 | 30 | (3) | 318 | 373 | (56) | 318 | 375 | (58) | 0 | (2) | 2 |
| Primary Care IT | 597 | 602 | (6) | 522 | 537 | (15) | 75 | 66 | 9 | 895 | 891 | 4 | 895 | 903 | (8) | 0 | (12) | 12 |
| Out of Hours | 2,128 | 2,178 | (49) | 1,862 | 1,863 | (1) | 266 | 314 | (48) | 3,193 | 3,294 | (101) | 3,193 | 3,251 | (58) | 0 | 43 | (43) |
| Other Primary Care | 1,580 | 641 | 939 | 1,253 | 341 | 912 | 328 | 301 | 27 | 3,070 | 1,848 | 1,223 | 3,070 | 1,843 | 1,228 | 0 | 5 | (5) |
| Sub Total | 38,620 | 38,759 | (139) | 33,597 | 33,438 | 159 | 5,023 | 5,321 | (299) | 58,685 | 58,248 | 437 | 58,685 | 58,048 | 637 | 0 | 200 | (200) |
| Primary Care Commissioning | 28,945 | 28,805 | 140 | 25,320 | 25,195 | 125 | 3,625 | 3,610 | 15 | 43,375 | 43,427 | (53) | 43,375 | 43,351 | 24 | 0 | 77 | (77) |
| Trading Position | 313,768 | 322,536 | (8,768) | 274,579 | 282,303 | (7,724) | 39,189 | 40,233 | (1,043) | 469,202 | 479,713 | (10,511) | 469,202 | 479,581 | (10,379) | 0 | 132 | (132) |
| Prior Year Balances | 0 | (241) | 241 | 0 | (245) | 245 | 0 | 4 | (4) | 0 | (241) | 241 | 0 | (245) | 245 | 0 | 4 | (4) |
| Reserves | 224 | 0 | 224 | 222 | 0 | 222 | 2 | 0 | 2 | 208 | (835) | 1,043 | 442 | (465) | 908 | (234) | (369) | 135 |
| Contingency | 2,318 | 0 | 2,318 | 2,318 | 0 | 2,318 | 0 | 0 | 0 | 2,318 | 0 | 2,318 | 2,318 | 0 | 2,318 | 0 | 0 | 0 |
| Unallocated QIPP | 859 | 0 | 859 | 859 | 0 | 859 | 0 | 0 | 0 | 859 | 0 | 859 | 859 | 0 | 859 | 0 | 0 | 0 |
| Reserves | 3,401 | (241) | 3,642 | 3,400 | (245) | 3,644 | 2 | 4 | (2) | 3,386 | (1,075) | 4,461 | 3,620 | (710) | 4,330 | (234) | (366) | 132 |
| Programme Financial Position | 317,170 | 322,295 | (5,125) | 277,979 | 282,059 | (4,080) | 39,191 | 40,236 | (1,045) | 472,588 | 478,637 | (6,049) | 472,822 | 478,871 | (6,049) | (234) | (234) | 0 |
| In Year Surplus / (Deficit) | (7,933) | 0 | (7,933) | (6,767) | 0 | (6,767) | (1,167) | 0 | (1,167) | (12,600) | 0 | (12,600) | (12,600) | 0 | (12,600) | 0 | 0 | 0 |
| In Year Programme Financial Position | 309,236 | 322,295 | (13,059) | 271,212 | 282,059 | (10,847) | 38,024 | 40,236 | (2,212) | 459,988 | 478,637 | (18,649) | 460,222 | 478,871 | (18,649) | (234) | (234) | 0 |
| Running Costs | 4,561 | 4,675 | (114) | 3,991 | 4,074 | (83) | 570 | 601 | (31) | 6,843 | 6,843 | 0 | 6,843 | 6,843 | 0 | 0 | 0 | 0 |
| Total In Year Financial Position | 313,797 | 326,970 | (13,172) | 275,203 | 286,132 | (10,929) | 38,594 | 40,837 | (2,243) | 466,831 | 485,480 | (18,649) | 467,065 | 485,714 | (18,649) | (234) | (234) | 0 |
| Brought Forward (Deficit) | (29,221) | 0 | (29,221) | (25,568) | 0 | (25,568) | (3,653) | 0 | (3,653) | (43,831) | 0 | (43,831) | (43,831) | 0 | (43,831) | 0 | 0 | 0 |
| Cumulative Financial Position | 284,577 | 326,970 | (42,393) | 249,635 | 286,132 | (36,497) | 34,942 | 40,837 | (5,896) | 423,000 | 485,480 | (62,480) | 423,234 | 485,714 | (62,480) | (234) | (234) | 0 |

Appendix 2 – Running costs dashboard

| Directorate | YTD Position | | | YTD Previous Month | | | YTD Movement | | | Forecast Outturn (FOT) | | | FOT Previous Month | | | FOT Movement | | |
|--------------------------------|----------------|----------------|------------------|--------------------|----------------|------------------|----------------|----------------|------------------|------------------------|----------------|------------------|--------------------|----------------|------------------|----------------|----------------|------------------|
| | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 | Budget £000 | Actual £000 | Variance £000 |
| Chief Executive / Board Office | 391 | 749 | (358) | 342 | 666 | (324) | 49 | 83 | (34) | 587 | 975 | (388) | 587 | 987 | (399) | 0 | (11) | 11 |
| Primary Care | 406 | 365 | 41 | 356 | 271 | 85 | 51 | 94 | (43) | 610 | 515 | 94 | 610 | 460 | 150 | 0 | 55 | (55) |
| System Resource & Planning | 755 | 742 | 13 | 661 | 663 | (2) | 94 | 79 | 16 | 1,133 | 1,095 | 38 | 1,133 | 1,128 | 5 | 0 | (32) | 32 |
| Planning and Governance | 706 | 655 | 51 | 617 | 565 | 53 | 88 | 90 | (2) | 1,059 | 979 | 80 | 1,059 | 1,016 | 42 | 0 | (38) | 38 |
| Joint Commissioning | 142 | 131 | 11 | 124 | 120 | 4 | 18 | 11 | 7 | 213 | 183 | 30 | 213 | 178 | 35 | 0 | 6 | (6) |
| Medical Directorate | 80 | 44 | 37 | 70 | 34 | 36 | 10 | 9 | 1 | 121 | 79 | 41 | 121 | 85 | 36 | 0 | (5) | 5 |
| Finance | 884 | 925 | (40) | 774 | 804 | (30) | 111 | 120 | (10) | 1,327 | 1,356 | (29) | 1,327 | 1,326 | 1 | 0 | 30 | (30) |
| Quality & Nursing | 487 | 365 | 122 | 426 | 336 | 89 | 61 | 29 | 32 | 730 | 617 | 113 | 730 | 621 | 109 | 0 | (4) | 4 |
| Planned Care | 707 | 680 | 27 | 618 | 597 | 21 | 88 | 83 | 5 | 1,060 | 1,013 | 47 | 1,060 | 1,013 | 47 | 0 | 0 | (0) |
| Risk | 2 | 19 | (17) | 2 | 17 | (15) | 0 | 2 | (2) | 3 | 29 | (26) | 3 | 29 | (26) | 0 | 0 | (0) |
| Overall Position | 4,561 | 4,675 | (114) | 3,991 | 4,074 | (83) | 570 | 601 | (31) | 6,843 | 6,843 | 0 | 6,843 | 6,843 | 0 | 0 | 0 | (0) |

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| | | | | | | | | | |
|---|---|--|---|--|--|---|--|---|--|
| Item Number: 8 | | | | | | | | | |
| Name of Presenter: Phil Mettam | | | | | | | | | |
| Meeting of the Governing Body Meeting Date: 3 January 2019 |  Vale of York Clinical Commissioning Group | | | | | | | | |
| Integrated Performance Report Month 7 2018/19 | | | | | | | | | |
| Purpose of Report For Information | | | | | | | | | |
| Reason for Report <p>This document provides a triangulated overview of CCG performance across all NHS Constitutional targets and then by each of the 2018/19 programmes.</p> <p>The report captures validated data for Month 7 for performance and should be read alongside the Month 8 Finance Report (which incorporates planned QIPP targets).</p> | | | | | | | | | |
| Strategic Priority Links <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Strengthening Primary Care</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Reducing Demand on System</td> <td style="border: none;"><input checked="" type="checkbox"/> System transformations</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Fully Integrated OOH Care</td> <td style="border: none;"><input checked="" type="checkbox"/> Financial Sustainability</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract</td> <td style="border: none;"></td> </tr> </table> | | <input checked="" type="checkbox"/> Strengthening Primary Care | <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care | <input checked="" type="checkbox"/> Reducing Demand on System | <input checked="" type="checkbox"/> System transformations | <input checked="" type="checkbox"/> Fully Integrated OOH Care | <input checked="" type="checkbox"/> Financial Sustainability | <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract | |
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| Local Authority Area <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> CCG Footprint</td> <td style="width: 50%; border: none;"><input type="checkbox"/> East Riding of Yorkshire Council</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> City of York Council</td> <td style="border: none;"><input type="checkbox"/> North Yorkshire County Council</td> </tr> </table> | <input checked="" type="checkbox"/> CCG Footprint | <input type="checkbox"/> East Riding of Yorkshire Council | <input type="checkbox"/> City of York Council | <input type="checkbox"/> North Yorkshire County Council | | | | | |
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| Impacts/ Key Risks <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Financial</td> <td style="width: 50%; border: none;">Covalent Risk Reference and Covalent Description</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Legal</td> <td style="border: none;">Risks are currently being refreshed by the CCG programme leads and Exec Leads for 2018/19.</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Primary Care</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Equalities</td> <td style="border: none;"></td> </tr> </table> | <input checked="" type="checkbox"/> Financial | Covalent Risk Reference and Covalent Description | <input type="checkbox"/> Legal | Risks are currently being refreshed by the CCG programme leads and Exec Leads for 2018/19. | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Equalities | | |
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| <input type="checkbox"/> Primary Care | | | | | | | | | |
| <input checked="" type="checkbox"/> Equalities | | | | | | | | | |
| Emerging Risks (not yet on Covalent) n/a | | | | | | | | | |

Recommendations

n/a

Responsible Executive Director and TitlePhil Mettam
Accountable Officer**Report Author and Title**Caroline Alexander
Assistant Director of Delivery and
Performance

Integrated Performance Report



**Validated data to October 2018
Month 07 2018/19**

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Performance Headlines

IMPROVEMENTS IN PERFORMANCE :

CONSTITUTION & IAF

A&E 4 hr

Target: 95%

York Trust achieved the planned trajectory for the Emergency Care Standard (ECS) at 90.9% in October 2018 (90% plan), and is therefore on target to achieve the Q3 Provider Sustainability Funding (PSF) requirement of 90%. This is a notable year on year improvement compared to October 17 at 84.6%. The Trust performance outperformed the national position of 89.1% for the second consecutive month.

There were no 12 hour trolley waits declared in October.

Unvalidated November performance stands at 89.6% so 0.4% under trajectory.

Unplanned care continued to be challenging during October. York ED saw a rise of 10% in activity compared to the same period last year; a rise of 671 attendances, almost 23 extra per day during the month.

The Trust reported an increase in bed-base pressures progressing through the month. Increasing acuity has been reported by clinical teams, and more recently York Hospital has been significantly affected by closed wards (3) due to infection.

Targeted actions reported by York Trust in October:

- Ongoing implementation of the Single Improvement Programme for Scarborough Hospital emergency, elderly and acute medicine and Emergency Care Transformation Plan at York.
- Ongoing development of the £950k capital works to create the assessment area at Scarborough Hospital (to be implemented end of December).
- Winter plan finalised, with quality impact assessment complete and risks escalated on the funding of the plan to Board and Regulators.
- Refresh of Ambulance Handover action plan across the Trust to target delayed Handovers, with identified support from NHSI IST for Scarborough hospital
- Detailed audit of end of life care patients requiring 'Fast Track' support completed by the Trust and Commissioners.
- Discharge Hub finalised for Scarborough Hospital, launched on 7th November.

On 7th December 2018 it was announced that the Humber, Coast and Vale Health and Care Partnership has secured £88.5million to improve emergency care and speed up diagnostic testing in parts of its footprint. Scarborough Hospital will benefit from a £40 million share of this funding that will enable the creation of a Combined Emergency Assessment Unit. Further details are provided in the Unplanned Care section of this report.

Performance Headlines

IMPROVEMENTS IN PERFORMANCE :

CONSTITUTION

Cancer 2 Week Wait

Target: 93%

Vale of York CCG failed to meet the 93% two week wait target for the fourth consecutive month in October 2018 with performance of 91.4%. However, this represents a significant improvement against September performance at 84.3% and is the closest the CCG have been to achieving target in the past 4 months. This equates to 95 breaches from a cohort of 1,104.

York Trust's performance also saw significant improvement from 83.76% in September to 90.2% in October.

There was a significant increase in 2WW performance at S&R CCG due to decision to close SGH 2WW slots.

The vast majority of Vale of York CCG patient breaches continue to be in Skin, with 57 breaches from a cohort of 228 equating to performance of 75%.

The number of Lower Gastrointestinal breaches returned to a more familiar level at 19 of 234 in October following the spike in September of 59 from 223. This equates to performance of 91.9% for this cancer type.

All other cancer types exceeded the 93% target in October.

Performance Headlines

DETERIORATION IN PERFORMANCE :

CONSTITUTION, IAF & QUALITY PREMIUM

Cancer 62 day Treatment

Target: 85%

The CCG's performance against the 85% target improved to 78.0% in October 2018 compared to 71.3% in September, however still falling 7% under target. This equates to 20 breaches from a cohort of 91.

York Trust's performance also improved, standing at 82.3% in October compared to 76.6% in September.

Urological continues to account for the highest number of Vale of York CCG patient breaches with 11 from a cohort of 25, equating to performance of 56% against the 85% target.

Other specialties which did not meet target are Upper Gastrointestinal (2/3 – 33%), Other (1/2 – 50%), Head and Neck (3/8 – 62.5%), Lung (1/4 – 75%), Gynaecological (1/6 – 83%) and Lower Gastrointestinal (1/6 – 83%).

CONSTITUTION

Diagnostics 6 Week Wait

Target: 99%

Performance for Vale of York CCG improved slightly to 95.6% in October 2018 compared to 95.5% in September, however still falling far short of the 99% target. This represents 192 patients waiting over 6 weeks from a cohort of 4,336.

MRI continues to be the specialty with the highest number of breaches for CCG patients in September with 52, although this represents a significant improvement from 117 breaches in September.

Additionally there were 50 breaches in Echocardiography.

York Trust's performance improved from 94.9% in September to 96.2% in October.

YTHFT performance against 21 days is summarised:

| | | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 |
|---|---------------|--------------|--------------|--------------|--------------|--------------|--------------|
| orted within 21 Days (GP Referred only) | | | | | | | |
| COMPUTED TOMOGRAPHY | Under 21 days | 284 | 268 | 236 | 224 | 272 | 251 |
| COMPUTED TOMOGRAPHY Total | | 291 | 272 | 271 | 251 | 298 | 261 |
| % Reported within 21 days | | 97.6% | 98.5% | 87.1% | 89.2% | 91.3% | 96.2% |
| MAGNETIC RESONANCE IMAGING | Under 21 days | 457 | 485 | 490 | 360 | 364 | 525 |
| MAGNETIC RESONANCE IMAGING Total | | 472 | 502 | 538 | 632 | 529 | 570 |
| % Reported within 21 days | | 96.8% | 96.6% | 85.5% | 57.0% | 68.8% | 92.1% |
| COMPUTED TOMOGRAPHY & MRI | Under 21 days | 741 | 753 | 696 | 584 | 636 | 776 |
| Total | | 763 | 774 | 809 | 883 | 827 | 831 |
| % Reported within 21 days | | 97.1% | 97.3% | 86.0% | 66.1% | 76.9% | 93.4% |
| Digital Radiography | Under 21 days | 4118 | 4143 | 3188 | 1991 | 2650 | 3086 |
| Total | | 4130 | 4151 | 4012 | 3792 | 3699 | 3520 |
| % Reported within 21 days | | 99.7% | 99.8% | 79.5% | 62.5% | 71.6% | 87.7% |

York Trust are reporting particular pressures in endoscopy, Echo CT and MRI and MRI under General Anaesthetic (MRI GA). Echo-cardiographs have been affected by staff shortages and the service is reviewing actions to mitigate pressures. There continues to be scoping of the MRI direct access demand and capacity to inform the recovery work around GP demand on this modality.

The CCG is seeking further assurance around the scoping and mobilisation of the wider YFT diagnostics recovery programme.

The STP diagnostics programme met in December to take stock of all work and capacity modelling.

The HCV Health & Care Partnership has secured £88.5million to improve emergency care and speed up diagnostic testing in parts of its footprint. New MRI and CT scanners at HRI, Scunthorpe and Diana Princess of Wales Hospital, as well as additional scoping capabilities at HRI, will mean patients can undergo tests more quickly and, therefore, start their treatment earlier.

Performance Headlines

DETERIORATION IN PERFORMANCE :

CONSTITUTION, IAF & QUALITY PREMIUM

RTT 18 Week

Target: 92%

Vale of York's performance against the 92% target in October 2018 remains static at 85.4%, the same figure as in August and September.

In 2018/19 the key target set by NHS England is to maintain the waiting list so that in March 2019 the list is no larger than March 2018. The waiting list increased slightly in October 2018 to 17,312 compared to 17,291 in September, now standing 839 patients over our baseline trajectory of 16,473 in March 2018.

There were 8 x 52 week breaches for Vale of York patients in October 2018, 7 of which were at Leeds Teaching Hospital in Other (1), and Trauma & Orthopaedics (6), and 1 at York Trust also in Trauma & Orthopaedics. This brings the YTD total for the CCG to 45 against an annual target for 2018/19 of 10.

York Trust's performance against the 92% target stands at 83.4% in October, 1% lower than the Trust plan. The North region average performance is 88.9% as at October 2018.

Having decreased in September, the Trust's waiting list increased from 27,525 to 27,616 in October, with 4,588 patients waiting over 18 weeks.

The current recovery trajectory for returning the Total Waiting List (TWL) position to March 2018 position continues to be monitored. There was one 52 week breach in Trauma and Orthopaedics.

York Trust report that the backlog has reduced across both admitted and non-admitted pathways. The Trust has increased the validation resource for the PTT pathway, with the new posts in place in mid-November. Detailed recovery work is underway in Ophthalmology and Dermatology, both with significant backlogs and identified clinical risk. The Maxillo-Facial recovery plan is in place. Further recovery plans have been requested for Cardiology and Respiratory.

The number of Trust long wait patients (those waiting more than 36 weeks) increased in October. These delays are across multiple specialities, with weekly monitoring in place by the Corporate Operations team. The Trust has also declared one 52 week breach in for Trauma and Orthopaedics in October – this is the same patient as declared in September, as they were unable to attend in October.

There were 8 breaches of the 52 week target for Vale of York CCG patients in October, 1 at York Trust in T&O as described above and 7 at Leeds Trust – of which 6 relating to adult spines and 1 relating to colorectal.

Vale of York CCG are working with the lead CCG and LTHT to confirm possible dates for scheduling in the outstanding patients. In the meantime work has begun to understand if there is alternative capacity at providers elsewhere in the North region.

Performance Headlines

DETERIORATION IN PERFORMANCE :

CAMHS

Performance continues to decrease in regards to % aged under 17.5 with a transition plan (76.1% down from 84.5% against 85% target) and % with a second contact within 9 weeks (35.3% down from 46.3% against a 90% target)

Posts have been recruited and anticipating improvement in position from January 2019.

Continuing Healthcare

Performance has decreased this month (68.4% down from 91.49% against 80% target). This is largely due to staff sickness and the implementation of a new IT system.

It is anticipated that December performance will be affected by the same issues as November although the situation is being reviewed daily to reduce the impact of this. Performance is expected to improve going forward.

Performance Headlines

SUGGESTED ISSUES FOR DISCUSSION:

1. To note: **DToCs**

- new counting guidance for DToCs 'Why not home, why not today?' Principles, Definitions and Guidance Nov 2018 [see Annex 2]
- Joint Letter ADASS LGA NHSE/NHSI Capacity Tracker (Care Home Bed State Tool) roll out January 2019

2. Verbal update: **Diagnostics recovery and priorities for 2019/20**

- Progress with scoping YFT recovery programme
- STP Diagnostics programme refresh (outside of Cancer Alliance)
- PET scanning capacity issues

3. To note: **Cancer Alliance Cancer 62 day** work programme refresh

4. Verbal update: On-going **prioritisation of IAF indicators** to inform 2019/20 Operational Plans

5. Verbal update: dementia, IAPT and CAMHS (Denise Nightingale)

Performance Summary: All Constitutional Targets 2018/19

Validated data to October (Month 07)

no filter
ALL (Y,R,G)
Green
Red

| Indicator | Level of Reporting | | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Q1 2018/19 | Q2 2018/19 | 2018/19 | Direction of Travel (last 12 Months) | 3 Month Trend |
|--|--------------------|--------|------------|--------|--------|------------|------------|--------|------------|------------|--------|--------|--------|--------|------------|------------|---------|--------------------------------------|---------------|
| Planned Care | | | | | | | | | | | | | | | | | | | |
| Referral to Treatment | | | | | | | | | | | | | | | | | | | |
| Referral to Treatment pathway s: incomplete | CCG | Actual | 89.2% | 88.1% | 87.5% | 86.6% | 84.5% | 85.0% | 85.3% | 85.1% | 86.0% | 85.4% | 85.4% | 85.4% | 85.2% | 85.4% | 85.4% | | ↑ |
| | | Target | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | 92.0% | | |
| Number of >52 week Referral to Treatment in Incomplete Pathway s | CCG | Actual | 0 | 3 | 5 | 6 | 4 * | 5 * | 5 | 10 | 5 | 7 | 7 | 8 | 20 * | 19 | 47 * | | ↑ |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Diagnostics | | | | | | | | | | | | | | | | | | | |
| Diagnostic test w aiting times | CCG | Actual | 1.8% | 2.1% | 3.4% | 3.9% | 3.4% | 4.4% | 4.8% | 3.1% | 4.1% | 6.3% | 4.5% | 4.5% | 3.1% | 4.5% | 4.5% | | ↓ |
| | | Target | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | | |
| Cancer | | | | | | | | | | | | | | | | | | | |
| All Cancer 2 w eek w aits | CCG | Actual | 96.4% | 93.5% | 96.1% | 97.2% | 95.6% | 95.9% | 95.8% | 94.9% | 86.6% | 89.6% | 84.3% | 91.4% | 95.6% | 87.0% | 91.3% | | ↑ |
| | | Target | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | | |
| Breast Symptoms (Cancer Not Suspected) 2 w eek w aits | CCG | Actual | 91.3% | 93.0% | 93.2% | 98.6% | 98.4% | 96.9% | 92.0% | 93.3% | 94.0% | 97.3% | 100.0% | 100.0% | 93.9% | 97.0% | 96.1% | | ↑ |
| | | Target | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | 93.0% | | |
| Cancer 31 day w aits: first definitive treatment | CCG | Actual | 98.2% | 98.3% | 98.3% | 97.6% | 98.9% | 98.4% | 100.0% | 99.1% | 97.4% | 96.8% | 96.3% | 94.4% | 99.2% | 96.8% | 97.5% | | ↓ |
| | | Target | 96.0% | 96.0% | 96.0% | 96.0% | 96.0% | 96.0% | 96.0% | 96.0% | 96.0% | 96.0% | 96.0% | 96.0% | 96.0% | 96.0% | 96.0% | | |
| Cancer 31 day w aits: subsequent cancer treatments-surgery | CCG | Actual | 94.2% | 97.1% | 92.9% | 100.0% | 100.0% | 95.0% | 93.9% | 100.0% | 95.6% | 94.7% | 90.0% | 92.1% | 230.4% | 93.5% | 94.5% | | ↓ |
| | | Target | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | | |
| Cancer 31 day w aits: subsequent cancer treatments-anti cancer drug regimens | CCG | Actual | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 235.5% | 100.0% | 100.0% | | - |
| | | Target | 98.0% | 98.0% | 98.0% | 98.0% | 98.0% | 98.0% | 98.0% | 98.0% | 98.0% | 98.0% | 98.0% | 98.0% | 98.0% | 98.0% | 98.0% | | |
| Cancer 31 day w aits: subsequent cancer treatments-radiotherapy | CCG | Actual | 100.0% | 100.0% | 98.4% | 97.7% | 95.9% | 98.1% | 100.0% | 100.0% | 98.6% | 100.0% | 98.0% | 100.0% | 233.1% | 98.8% | 99.3% | | - |
| | | Target | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | | |
| % patients receiving first definitive treatment for cancer w ithin tw o months (62 days) of an urgent GP referral for suspected cancer (inc 31 day Rare cancers) | CCG | Actual | 87.5% | 87.0% | 85.1% | 81.8% | 86.7% | 78.7% | 78.2% | 83.2% | 74.7% | 76.4% | 71.3% | 78.0% | 80.1% | 74.0% | 77.4% | | ↑ |
| | | Target | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | | |
| Percentage of patients receiving first definitive treatment for cancer w ithin 62-days of referral from an NHS Cancer Screening Service. | CCG | Actual | 90.0% | 86.7% | 100.0% | 90.9% | 94.7% | 92.9% | 83.3% | 95.0% | 81.3% | 90.0% | 92.3% | 100.0% | 91.3% | 87.2% | 90.2% | | ↑ |
| | | Target | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | | |
| Percentage of patients receiving first definitive treatment for cancer w ithin 62-days of a consultant decision to upgrade their priority status. | CCG | Actual | Nil Return | 100.0% | 100.0% | Nil Return | Nil Return | 100.0% | Nil Return | Nil Return | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | |
| | | Target | | | | | | | | | | | | | | | | | |
| Cancelled Operations | | | | | | | | | | | | | | | | | | | |
| Cancelled Operations - York | YFT (Trust Wide) | Actual | | 0.4% | | | 6.1% | | | 8.2% | | | 5.7% | | 8.2% | 5.7% | 7.1% | | ↓ |
| | | Target | | 1.0% | | | 7.8% | | | 11.7% | | | 1.4% | | 11.7% | 1.4% | 5.1% | | |
| No urgent operations cancelled for a 2nd time - York | YFT (Trust Wide) | Actual | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | - |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Mixed Sex Accommodation | | | | | | | | | | | | | | | | | | | |
| Mixed Sex Accommodation (MSA) Breaches (Rate per 1,000 FCEs) | CCG | Actual | 0.00 | 0.00 | 1.10 | 0.10 | 0.00 | 0.00 | 0.08 | 0.00 | 0.00 | 0.09 | 0.00 | 0.00 | 0.03 | 0.03 | 0.03 | | ↑ |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Number of MSA breaches for the reporting month in question | CCG | Actual | 0 | 0 | 20 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 2 | | ↑ |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |

- 52 week breaches showing nationally published figures. However, the CCG is aware of 4 breaches incorrectly reported by Nuffield Trust in March 2018 and April 2018. These will be corrected in the NHSE 6 monthly refresh. Correct figures are:
- March 2018 – 2x 52 week breaches (21 in total for 2017/18)
- April 2018 – 3x 52 week breaches (45 in total for 2018/19 Year-to-date)

| Indicator | Level of Reporting | | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Q1 2018/19 | Q2 2018/19 | 2018/19 | Direction of Travel (last 12 Months) | 3 Month Trend |
|---|-----------------------------------|--------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|------------|----------|--------------------------------------|---------------|
| Unplanned Care | | | | | | | | | | | | | | | | | | | |
| A&E | | | | | | | | | | | | | | | | | | | |
| A&E waiting time - total time in the A&E department, SitRep data | % of YFHT activity (CCG weighted) | Actual | 91.7% | 83.0% | 81.5% | 81.9% | 81.3% | 85.2% | 90.1% | 90.0% | 88.1% | 92.5% | 90.4% | 90.9% | 88.5% | 90.3% | 89.6% | | ↓ |
| | Target | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | | |
| A&E - % Attendances - Type 1, SitRep data | % of YFHT activity (CCG weighted) | Actual | 86.3% | 72.0% | 69.4% | 70.3% | 68.4% | 74.4% | 83.3% | 83.1% | 79.8% | 87.6% | 84.1% | 85.6% | 80.4% | 83.7% | 82.6% | | ↓ |
| | Target | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | | |
| Trolley Waits | | | | | | | | | | | | | | | | | | | |
| 12 hour trolley w waits in A&E - Vale of York CCG | CCG | Actual | 0 | 3 | 0 | 3 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | | - |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 12 hour trolley w waits in A&E - York | YFT (Trust Wide) | Actual | 0 | 5 | 14 | 15 | 40 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 0 | 12 | | - |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Ambulance performance - YAS | | | | | | | | | | | | | | | | | | | |
| Category 1 - Mean | YAS (Region) | Actual | 00:07:27 | 00:08:12 | 00:08:10 | 00:08:07 | 00:08:17 | 00:08:02 | 00:08:20 | 00:07:38 | 00:07:19 | 00:07:03 | 00:07:18 | 00:07:10 | 00:08:01 | 00:07:13 | 00:07:36 | | ↑ |
| | | Target | 00:07:00 | 00:07:00 | 00:07:00 | 00:07:00 | 00:07:00 | 00:07:00 | 00:07:00 | 00:07:00 | 00:07:00 | 00:07:00 | 00:07:00 | 00:07:00 | 00:07:00 | 00:07:00 | 00:07:00 | | |
| Category 1 - 90th Centile | YAS (Region) | Actual | 00:13:21 | 00:14:19 | 00:13:56 | 00:13:57 | 00:14:15 | 00:13:44 | 00:14:11 | 00:12:55 | 00:12:31 | 00:12:05 | 00:12:28 | 00:12:23 | 00:13:39 | 00:12:21 | 00:12:59 | | ↑ |
| | | Target | 00:15:00 | 00:15:00 | 00:15:00 | 00:15:00 | 00:15:00 | 00:15:00 | 00:15:00 | 00:15:00 | 00:15:00 | 00:15:00 | 00:15:00 | 00:15:00 | 00:15:00 | 00:15:00 | 00:15:00 | | |
| Category 2 - Mean | YAS (Region) | Actual | 00:21:20 | 00:27:58 | 00:26:57 | 00:25:08 | 00:25:38 | 00:21:39 | 00:22:54 | 00:21:30 | 00:20:29 | 00:19:26 | 00:20:19 | 00:19:58 | 00:22:02 | 00:20:05 | 00:20:53 | | ↑ |
| | | Target | 00:18:00 | 00:18:00 | 00:18:00 | 00:18:00 | 00:18:00 | 00:18:00 | 00:18:00 | 00:18:00 | 00:18:00 | 00:18:00 | 00:18:00 | 00:18:00 | 00:18:00 | 00:18:00 | 00:18:00 | | |
| Category 2 - 90th Centile | YAS (Region) | Actual | 00:45:18 | 01:00:47 | 00:59:30 | 00:55:13 | 00:57:34 | 00:45:53 | 00:48:43 | 00:45:08 | 00:42:40 | 00:39:47 | 00:42:10 | 00:41:37 | 00:46:35 | 00:41:32 | 00:43:39 | | ↑ |
| | | Target | 00:40:00 | 00:40:00 | 00:40:00 | 00:40:00 | 00:40:00 | 00:40:00 | 00:40:00 | 00:40:00 | 00:40:00 | 00:40:00 | 00:40:00 | 00:40:00 | 00:40:00 | 00:40:00 | 00:40:00 | | |
| Category 3 - 90th Centile | YAS (Region) | Actual | 01:45:02 | 02:41:47 | 02:31:51 | 02:24:28 | 02:25:24 | 00:54:00 | 02:24:07 | 02:12:53 | 02:07:31 | 01:59:28 | 01:57:25 | 01:57:34 | 02:14:27 | 02:01:28 | 02:01:23 | | ↓ |
| | | Target | 02:00:00 | 02:00:00 | 02:00:00 | 02:00:00 | 02:00:00 | 02:00:00 | 02:00:00 | 02:00:00 | 02:00:00 | 02:00:00 | 02:00:00 | 02:00:00 | 02:00:00 | 02:00:00 | 02:00:00 | | |
| Category 4 - 90th Centile | YAS (Region) | Actual | 02:46:03 | 04:22:05 | 03:45:02 | 03:33:15 | 03:17:37 | 01:06:51 | 03:37:09 | 02:43:11 | 03:12:55 | 02:45:47 | 03:51:53 | 02:47:56 | 02:54:07 | 03:16:52 | 03:03:56 | | ↑ |
| | | Target | 03:00:00 | 03:00:00 | 03:00:00 | 03:00:00 | 03:00:00 | 03:00:00 | 03:00:00 | 03:00:00 | 03:00:00 | 03:00:00 | 03:00:00 | 03:00:00 | 03:00:00 | 03:00:00 | 03:00:00 | | |
| Ambulance Handover Time | | | | | | | | | | | | | | | | | | | |
| Ambulance handover time - % Delays over 30 minutes (Scarborough General Hospital) | Trust Site | Actual | 8.3% | 32.1% | 33.2% | 32.5% | 37.5% | 26.0% | 22.2% | 17.1% | 27.4% | 20.1% | 19.7% | 18.1% | 22.0% | 22.2% | 21.5% | | ↓ |
| | | Target | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | | |
| Ambulance handover time - Delays of +30 minutes (Scarborough General Hospital) | Trust Site | Num | 112 | 472 | 452 | 406 | 517 | 436 | 356 | 239 | 397 | 325 | 339 | 294 | 1031 | 1061 | 2386 | | |
| Ambulance handover time - Total Delays (Scarborough General Hospital) | Trust Site | Den | 1352 | 1470 | 1360 | 1251 | 1378 | 1679 | 1604 | 1401 | 1448 | 1613 | 1721 | 1627 | 4684 | 4782 | 11093 | | |
| Ambulance handover time - % Delays over 60 minutes (Scarborough General Hospital) | Trust Site | Actual | 1.85% | 12.45% | 15.51% | 16.95% | 18.14% | 13.58% | 8.67% | 5.50% | 11.53% | 6.14% | 7.50% | 5.53% | 9.5% | 8.3% | 8.37% | | ↓ |
| | | Target | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | | |
| Ambulance handover time - Delays of +60 minutes (Scarborough General Hospital) | Trust Site | Num | 25 | 183 | 211 | 212 | 250 | 228 | 139 | 77 | 167 | 99 | 129 | 90 | 444 | 395 | 929 | | |
| Ambulance handover time - Total Delays (Scarborough General Hospital) | Trust Site | Den | 1352 | 1470 | 1360 | 1251 | 1378 | 1679 | 1604 | 1401 | 1448 | 1613 | 1721 | 1627 | 4684 | 4782 | 11093 | | |

| Indicator | Level of Reporting | | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Q1 2018/19 | Q2 2018/19 | 2018/19 | Direction of Travel (last 12 Months) | 3 Month Trend |
|---|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------|------------|---------|--------------------------------------|---------------|
| Mental Health/ IAPT | | | | | | | | | | | | | | | | | | | |
| IAPT | | | | | | | | | | | | | | | | | | | |
| % of people w ho have depression and/or anxiety disorders w ho receive psychological therapies | CCG | Actual | 1.0% | 0.9% | 1.3% | 1.2% | 1.3% | 1.2% | 1.0% | 1.2% | 1.2% | 1.3% | | | 1.2% | 1.3% | 1.3% | | ↑ |
| | | Target | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | |
| Number of people w ho receive psychological therapies | CCG | Actual | 325 | 275 | 420 | 380 | 405 | 380 | 300 | 385 | 390 | 400 | | | 385 | 400 | 400 | | ↑ |
| | | Target | 624 | 624 | 624 | 624 | 624 | 624 | 624 | 624 | 624 | 624 | 624 | 624 | 624 | 624 | 624 | 624 | |
| % of people w ho are moving to recovery | CCG | Actual | 46.8% | 40.0% | 46.3% | 40.9% | 43.9% | 48.6% | 53.5% | 49.0% | 43.2% | 47.6% | | | 50.4% | 45.6% | 48.6% | | ↑ |
| | | Target | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | |
| The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people w ho finish a course of treatment in the reporting period. | CCG | Actual | 100.0% | 97.4% | 97.7% | 100.0% | 100.0% | 100.0% | 97.8% | 98.2% | 97.4% | 100.0% | | | 98.6% | 98.8% | 98.7% | | ↑ |
| | | Target | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | |
| The proportion of people that wait 18 weeks or less from referral to their first IAPT treatment appointment against the number of people w ho enter treatment in the reporting period. | CCG | Actual | 100.0% | 100.0% | 100.0% | 98.7% | 98.8% | 98.7% | 100.0% | 100.0% | 100.0% | 100.0% | | | 99.5% | 100.0% | 99.7% | | - |
| | | Target | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | |
| The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people w ho finish a course of treatment in the reporting period. | CCG | Actual | 70.0% | 76.3% | 75.0% | 83.0% | 79.5% | 85.0% | 87.0% | 90.9% | 94.9% | 93.2% | | | 87.9% | 94.0% | 90.2% | | ↑ |
| | | Target | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | |
| The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment appointment against the number of people w ho enter treatment in the reporting period. | CCG | Actual | 83.1% | 83.6% | 90.5% | 97.4% | 97.5% | 98.7% | 98.3% | 98.7% | 100.0% | 98.8% | | | 98.6% | 99.4% | 98.9% | | ↑ |
| | | Target | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | 50.0% | |
| Number of ended referrals in the reporting period that received a course of treatment against the number of ended referrals in the reporting period that received a single treatment appointment enter treatment in the reporting period. | CCG | Actual | 88.0% | 50.0% | 63.6% | 57.4% | 81.8% | 72.5% | 60.9% | 58.2% | 74.4% | 56.8% | | | 63.1% | 65.1% | 63.8% | | ↓ |
| | | Target | 40.0% | 40.0% | 40.0% | 40.0% | 40.0% | 40.0% | 40.0% | 40.0% | 40.0% | 40.0% | 40.0% | 40.0% | 40.0% | 40.0% | 40.0% | 40.0% | |
| % of those patients on Care Programme Approach (CPA) discharged from inpatient care w ho are followed up w ithin 7 days | CCG | Actual | | 94.0% | | | 90.6% | | | 96.5% | | | 98.3% | | 96.5% | 98.3% | 97.2% | | ↑ |
| | | Target | | 95.0% | | | 95.0% | | | 95.0% | | | 95.0% | | 95.0% | 95.0% | 95.0% | 95.0% | |
| Dementia | | | | | | | | | | | | | | | | | | | |
| Estimated diagnosis rate for people with dementia. | CCG | Actual | 61.0% | 60.7% | 60.9% | 60.6% | 60.5% | 60.2% | 60.7% | 60.6% | 60.7% | 61.1% | 60.9% | 60.0% | 60.6% | 60.9% | 60.6% | | ↓ |
| | | Target | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | |
| HCAI and Quality | | | | | | | | | | | | | | | | | | | |
| Hospital Infections | | | | | | | | | | | | | | | | | | | |
| Incidence of healthcare associated infection (HCAI): MRSA | CCG ATTRIBUTED | Actual | 1 | 0 | 0 | 0 | 0 | 3 | 1 | 2 | 1 | 1 | 0 | 0 | 6 | 2 | 8 | | ↓ |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile) | CCG ATTRIBUTED | Actual | 10 | 6 | 9 | 9 | 6 | 8 | 9 | 8 | 9 | 6 | 7 | 7 | 25 | 22 | 54 | | ↑ |
| | | Target | 5 | 9 | 7 | 6 | 6 | 7 | 6 | 8 | 4 | 7 | 6 | 7 | 21 | 17 | 77 | | |
| Healthcare acquired infections (HCAI): MRSA | YFT TRUST APPORTIONED | Actual | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 2 | 1 | 3 | | ↓ |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Healthcare associated infection (HCAI): Clostridium difficile (C.difficile) | YFT TRUST APPORTIONED | Actual | 4 | 3 | 5 | 4 | 3 | 4 | 7 | 6 | 3 | 4 | 1 | 0 | 17 | 8 | 25 | | ↓ |
| | | Target | 2 | 8 | 10 | 5 | 5 | 3 | 1 | 3 | 3 | 2 | 1 | 3 | 7 | 6 | 45 | | |
| Healthcare acquired infection (HCAI) measure (E.Coli) | CCG ATTRIBUTED | Actual | 25 | 33 | 26 | 15 | 23 | 34 | 30 | 22 | 26 | 26 | 21 | 26 | 86 | 73 | 185 | | ↓ |
| | | Target | 26 | 27 | 25 | 26 | 19 | 3 | 21 | 24 | 20 | 27 | 25 | 20 | 48 | 72 | 263 | | |
| Smoking at time of Delivery | | | | | | | | | | | | | | | | | | | |
| Maternal smoking at delivery. | CCG | Actual | | 7.5% | | | 11.0% | | | 10.0% | | | 12.9% | | 10.0% | 12.9% | 10.0% | | ↑ |
| | | Target | | 12.1% | | | 12.1% | | | 12.1% | | | 12.1% | | 12.1% | 12.1% | 12.1% | 12.1% | |

Programme Overview

- Planned Care
- Cancer Care
- Diagnostics

Validated data to October (Month 07)

Executive Lead:

Simon Cox, System Transformation Chief Officer

Clinical Lead:

Shaun O'Connell, GP Lead for Acute Transformation, NHS Vale of York CCG

Peter Billingsley, GP Governing Body, NHS Scarborough & Ryedale CCG

Dan Cottingham, Macmillan GP Cancer and End of Life Lead, NHS Vale of York CCG

Programme Leads:

Andrew Bucklee, Head of Commissioning and Delivery

Sarah Tilston, Programme Manager, Planned Care

Suzanne Bennett, Programme Manager, Planned Care

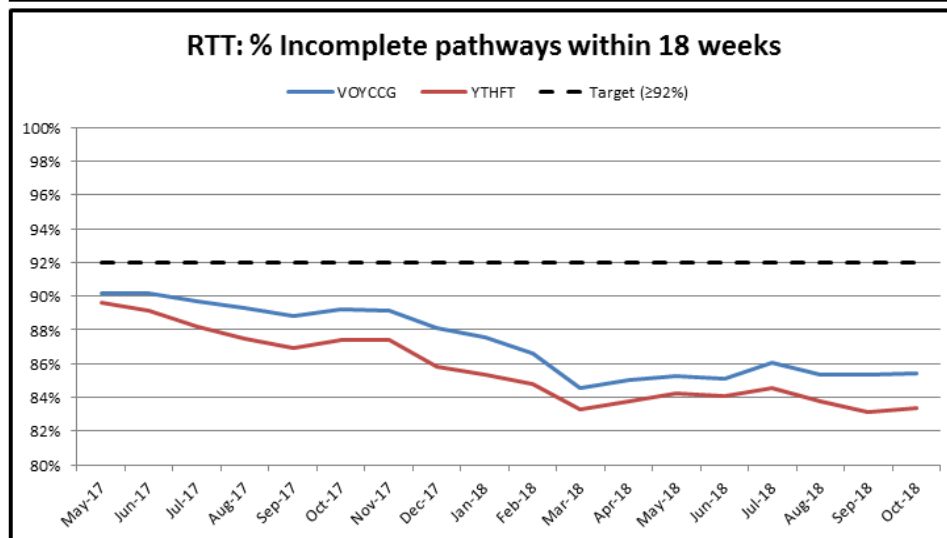
Laura Angus, Lead Pharmacist

Fliss Wood, Performance Improvement Manager (Cancer)

Michaela Golodnitski, Senior Delivery Manager, Cancer Alliance

PERFORMANCE PLANNED CARE: REFERRAL TO TREATMENT (RTT)

| RTT: % Incomplete pathways within 18 weeks (Target ≥92%) | | | | | |
|--|--------|-----|------------|--------|-----|
| Vale of York CCG | | | York Trust | | |
| Sep-18 | Oct-18 | DoT | Sep-18 | Oct-18 | DoT |
| 85.4% | 85.4% | ↑ | 83.1% | 83.4% | ↑ |



| Treatment Function | Total VOYCCG Incomplete Pathways | No. of 18 week breaches | % VOYCCG pathways within 18 weeks | 52 week breaches |
|--------------------------|----------------------------------|-------------------------|-----------------------------------|------------------|
| Geriatric Medicine | 79 | 1 | 98.7% | 0 |
| General Medicine | 298 | 14 | 95.3% | 0 |
| Gynaecology | 772 | 44 | 94.3% | 0 |
| Neurosurgery | 15 | 1 | 93.3% | 0 |
| Neurology | 548 | 45 | 91.8% | 0 |
| Other | 1,817 | 169 | 90.7% | 1 |
| Trauma & Orthopaedics | 1,726 | 164 | 90.5% | 7 |
| Cardiology | 742 | 82 | 88.9% | 0 |
| Dermatology | 1,348 | 162 | 88.0% | 0 |
| Gastroenterology | 904 | 116 | 87.2% | 0 |
| Ear, Nose & Throat (ENT) | 1,389 | 185 | 86.7% | 0 |
| Rheumatology | 552 | 74 | 86.6% | 0 |
| Plastic Surgery | 195 | 27 | 86.2% | 0 |
| General Surgery | 2,266 | 332 | 85.3% | 0 |
| Ophthalmology | 2,846 | 658 | 76.9% | 0 |
| Urology | 1,164 | 274 | 76.5% | 0 |
| Thoracic Medicine | 650 | 171 | 73.7% | 0 |
| Cardiothoracic Surgery | 1 | 1 | 0.0% | 0 |
| Grand Total | 17,312 | 2,520 | 85.4% | 8 |

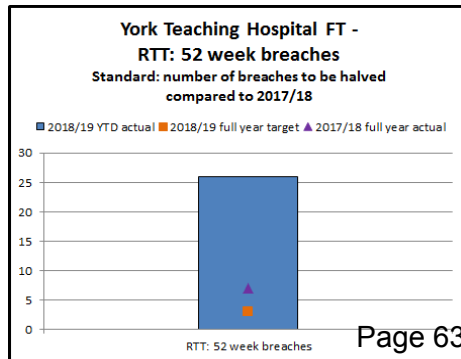
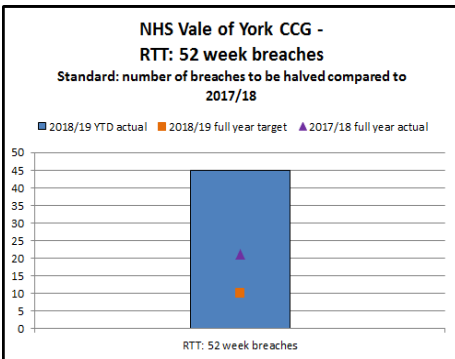
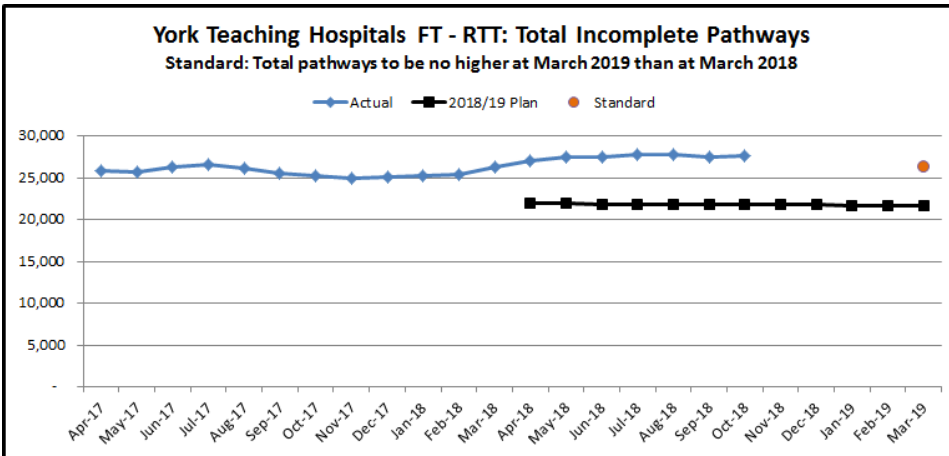
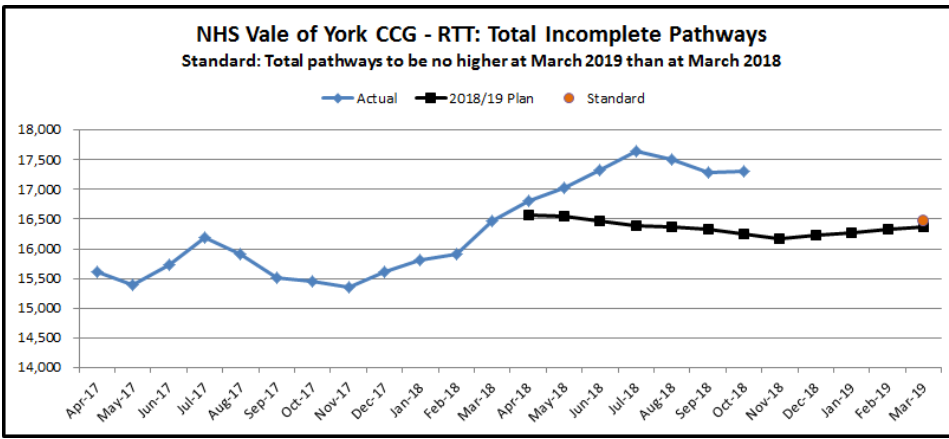
Vale of York CCG's performance remained static in October at 85.4%, the same figure as in August and September 2018. This equates to 2,520 breaches of the 18 week target, from a cohort of 17,312. There were 8 x 52 week breaches for Vale of York patients, 1 at YTHFT and 7 at LTHT.

Only 4 specialties (Geriatric Medicine, General Medicine, Gynaecology and Neurosurgery) met the 92% target in October, all other specialties fell below 92%. The most significant number of 18 week breaches was in Ophthalmology with 658, accounting for over one quarter of all breaches this month. This is followed by General Surgery with 332 and Urology with 274.

York Trust's RTT position improved from 83.1% in September to 83.4% in October, 1% lower than the Trust plan. Having decreased in September, the Trust's waiting list increased from 27,525 to 27,616 in October. The backlog has reduced across both admitted and non-admitted pathways. The Trust has increased the validation resource for the PTT pathway, with the new posts in place in mid-November. Detailed recovery work is underway in Ophthalmology and Dermatology, both with significant backlogs and identified clinical risk. The Maxillo-Facial recovery plan is in place. Further recovery plans have been requested for Cardiology and Respiratory.

The number of Trust long wait patients (those waiting more than 36 weeks) increased in October. These delays are across multiple specialities, with weekly monitoring in place by the Corporate Operations team. The Trust has also declared one 52 week breach in for Trauma and Orthopaedics in October – this is the same patient as declared in September, as they were unable to attend in October.

PERFORMANCE PLANNED CARE: REFERRAL TO TREATMENT (RTT)



Waiting list performance:

The Vale of York CCG waiting list saw a slight increase of 21 patients from 17,291 in September to 17,312 in October.

The Trust saw a 0.3% increase to the total incomplete waiting list in October, rising to 27,616. The primary actions to reduce the waiting list commence in November. GP referrals are moving back towards Trust plan, at 1.8% over plan YTD, however the total referrals remain high and are impacting on the total waiting list position. October saw an increase in cancellations due to bed shortages, reflecting the increase in urgent care pressures. The Trust plan allows for a reduction in elective activity in January, and February and as such the incomplete list remaining above plan is a risk for year end target.

52 week performance:

There were 7 breaches of the 52 week target for Vale of York CCG patients in October, 1 at York Trust in T&O and 7 at Leeds Trust – 6 in T&O (adult spines) and 1 in Other (colorectal).

Vale of York CCG are working with the lead CCG and LTHT to confirm possible dates for scheduling in the outstanding patients. In the meantime work has begun to understand if there is alternative capacity at providers elsewhere in the North region.

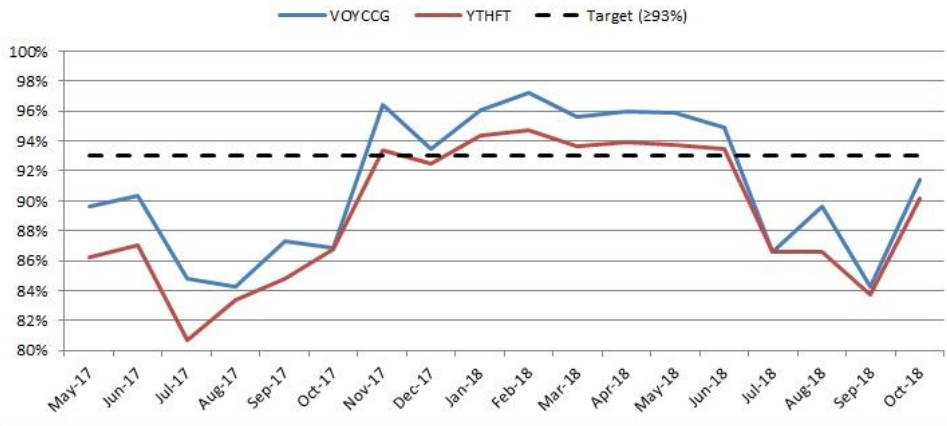
This brings the YTD total for the CCG to 45 against a 2018/19 full year target of 10. York Trust's YTD total is 26 against a full year target of 3.

PERFORMANCE PLANNED CARE: CANCER TWO WEEK WAITS

Cancer: % 2WW referrals seen within 14 days (Target ≥93%)

| Vale of York CCG | | | York Trust | | |
|------------------|--------|-----|------------|--------|-----|
| Sep-18 | Oct-18 | DoT | Sep-18 | Oct-18 | DoT |
| 84.3% | 91.4% | ↑ | 83.76% | 90.19% | ↑ |

Cancer: % seen within 14 days of urgent suspected cancer referral



Vale of York CCG failed to meet the 93% two week wait target for the fourth consecutive month in October 2018 with performance of 91.4%, however this represents a significant improvement against September performance at 84.3% and is the closest the CCG have been to achieving target in the past 4 months. This equates to 95 breaches from a cohort of 1,104.

The vast majority of Vale of York CCG patient breaches continue to be in Skin, with 57 breaches from a cohort of 228 equating to performance of 75%. The number of Lower Gastrointestinal breaches returned to a more familiar level at 19 of 234 in October following the spike in September of 59 from 223. This equates to performance of 91.9% for this cancer type. All other cancer types exceeded the 93% target in October.

York Trust also failed to meet target in October with performance of 90.2%. Due to publication dates the most recent Trust reports one month behind, but many of the issues appear to remain the same. The Trust position continues to be affected by the demand and capacity imbalance in the Dermatology service. This is despite significant joint working between primary care, clinical commissioners and the directorate team to implement a range of new ways of working and triage. The Corporate Director team are considering the Directorate's options appraisal to ensure clinical safety within the service.

The Trust continues to experience high demand for cancer fast tracks, with a 9% (128) increase in September 2018 compared to September 2017. The Trust is undertaking more cancer activity as a result and this is impacting on the capacity available for routine outpatient appointments, particularly in Dermatology, Urology and Colorectal services.

| Tumour Type | VOYCCG: Total Referrals | Number of 2WW breaches | VOYCCG: % within 14 days |
|------------------------------|-------------------------|------------------------|--------------------------|
| Other Cancer | 3 | 0 | 100.0% |
| Lung | 22 | 0 | 100.0% |
| Testicular | 4 | 0 | 100.0% |
| Childrens | 4 | 0 | 100.0% |
| Haematological Malignancies | 10 | 0 | 100.0% |
| Breast | 206 | 2 | 99.0% |
| Gynaecological | 64 | 2 | 96.9% |
| Upper Gastrointestinal | 80 | 3 | 96.3% |
| Urological Malignancies | 129 | 6 | 95.3% |
| Head and Neck | 120 | 6 | 95.0% |
| Lower Gastrointestinal | 234 | 19 | 91.9% |
| Skin | 228 | 57 | 75.0% |
| Brain/Central Nervous System | 0 | 0 | N/A |
| Sarcoma | 0 | 0 | N/A |
| Grand Total | 1104 | 95 | 91.4% |

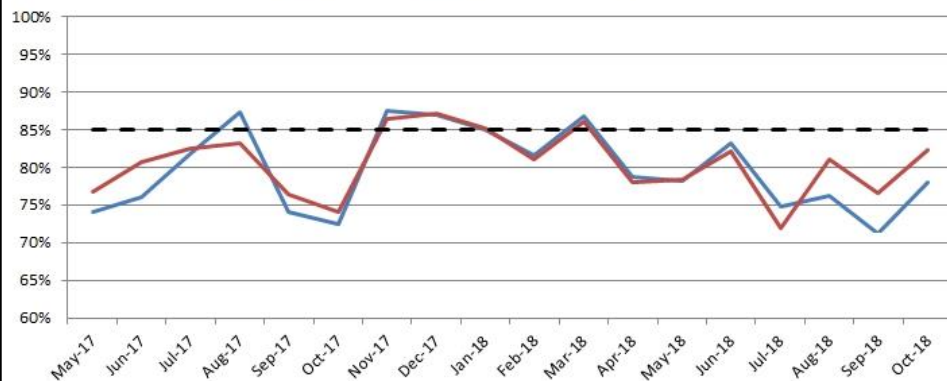
PERFORMANCE PLANNED CARE: CANCER 62 DAYS

Cancer: % treated within 62 days of urgent GP referral (Target ≥85%)

| Vale of York CCG | | | York Trust | | |
|------------------|--------|-----|------------|--------|-----|
| Sep-18 | Oct-18 | DoT | Sep-18 | Oct-18 | DoT |
| 71.3% | 78.0% | ↑ | 76.6% | 82.3% | ↑ |

Cancer: % receiving first definitive treatment within 62 days of GP referral

VOYCCG YTHFT Target (≥85%)



Vale of York CCG failed to meet the 62 Day Cancer Standard in October 2018 achieving 78.0% against the 85% target, equating to 20 patient breaches. However this does represent a 6.5% improvement against the previous month's performance. York Trust also failed to meet the 62 Day Cancer Standard in October 2018 with performance standing at 82.3%, an improvement from 76.6% in September. The majority of the breaches continued to be in Urology, which accounted for 11 of the total 20 breaches.

York Trust also failed to meet target with performance of 82.3%. The prostate and colorectal pathways are priority areas for the Humber, Coast and Vale Cancer Alliance. The Trust has secured £242,000 in additional funding for diagnostics towards improving the 62 day performance. £150,000 has been allocated to fund additional endoscopy activity using an external provider to support the colorectal pathway, £50,000 towards funding MRI activity to support the prostate pathway, again via an external provider. £42,000 has been secured for additional radiographic support to our third CT scanner on the York site; to support a pilot of the lung fast track pathway.

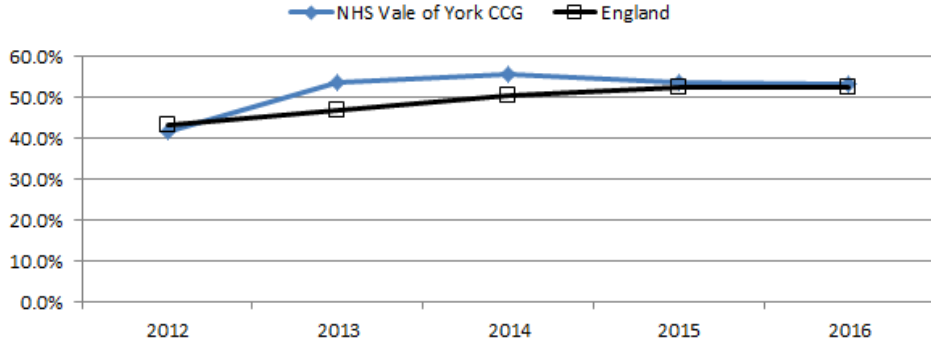
Other targeted actions from the Trust include:

- Ongoing implementation of the NHSI Elective IST action plan – positive November review, with areas of progress noted by IST.
- Revised Cancer Governance implemented to strengthen lessons learned from Clinical Harm Reviews and specific performance review of Tumour Site recovery plans at Cancer Board
- Assessment by directorate on options to increase 7 day Fast Track capacity, to inform the operational plan for 2019-20

| Tumour Type | VOYCCG: Total Treated | VOYCCG: 62 day breaches | VOYCCG: % within 62 days |
|--|-----------------------|-------------------------|--------------------------|
| Skin | 15 | 0 | 100.0% |
| Breast | 19 | 0 | 100.0% |
| Testicular | 1 | 0 | 100.0% |
| Haematological (Excluding Acute Leukaemia) | 2 | 0 | 100.0% |
| Lower Gastrointestinal | 6 | 1 | 83.3% |
| Gynaecological | 6 | 1 | 83.3% |
| Lung | 4 | 1 | 75.0% |
| Head & Neck | 8 | 3 | 62.5% |
| Urological (Excluding Testicular) | 25 | 11 | 56.0% |
| Other | 2 | 1 | 50.0% |
| Upper Gastrointestinal | 3 | 2 | 33.3% |
| Sarcoma | 0 | 0 | N/A |
| Grand Total | 91 | 20 | 78.0% |

PERFORMANCE PLANNED CARE: CANCER – IAF INDICATORS

IAF 122a: Cancers diagnosed at early stage

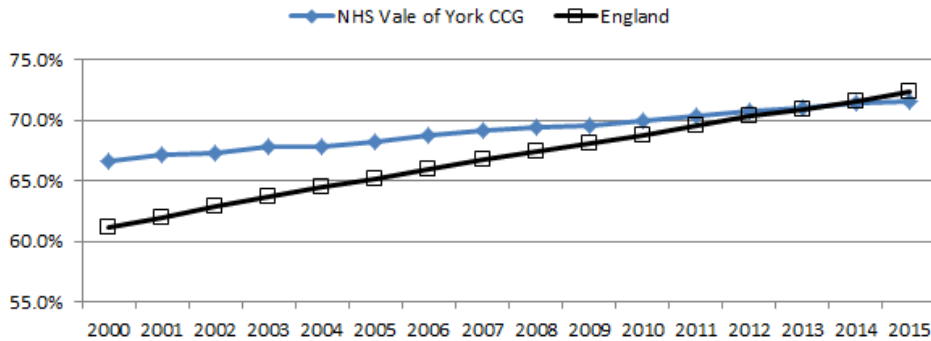


Cancers diagnosed at early stage

The CCG is performing well against peers in this measure based on the IAF dashboard assessment, however there has been a slight decline in performance for the past two years and the CCG has dropped from 55.8% in 2014 to 53.4% in 2016.

HCV Cancer Alliance has recruited 277 'Cancer Champions', 56 in the Vale of York, to educate the population in the signs and symptoms of cancer and to encourage patients to visit their GP asap if they have symptoms. Early diagnosis/staging will also help to improve the one year survival performance for our population.

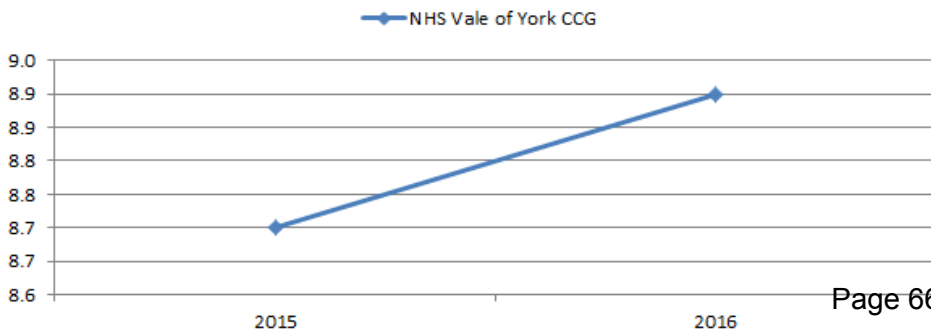
IAF 122c: One year survival from all cancers



One year survival from all cancers

As at latest published position of 2015, the CCG is performing at 71.6% which is 0.7% below the national average and desired trajectory of 72.3%. This performance ranks the CCG at 8/11 against peers and 121/207 nationally. Although under national average, the CCG's performance against this measure has marginally increased every year since 2000.

IAF 122d: Cancer patient experience



Cancer patient experience

Key findings from the National Cancer Patient Experience Survey 2017 were published in October 2018.

Patients were asked to rate their care on a scale of zero (very poor) to 10 (very good) and the average score for England and HCV was 8.8. Respondents gave ratings of 8.9 for both York Trust and VOYCCG, both above average performance, however SRCCG scored 8.7 in 2017 which represents a decline of 0.3 on their 2016 rating.

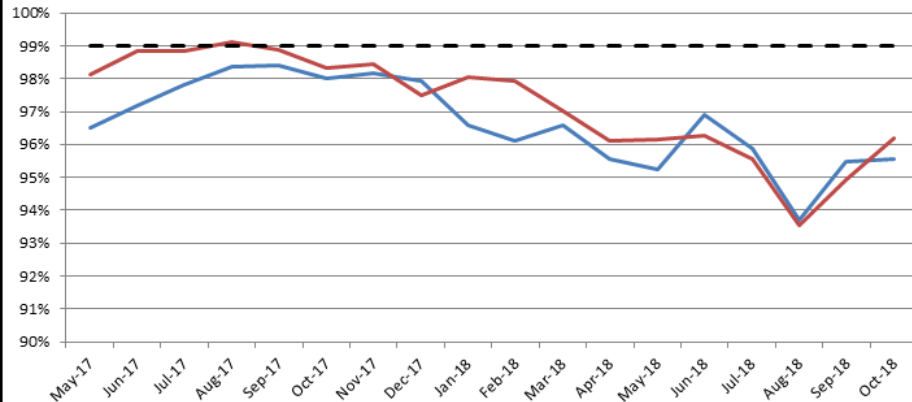
PERFORMANCE PLANNED CARE: DIAGNOSTICS

Diagnosics: % within 6 weeks (Target ≥99%)

| Vale of York CCG | | | York Trust | | |
|------------------|--------|-----|------------|--------|-----|
| Sep-18 | Oct-18 | DoT | Sep-18 | Oct-18 | DoT |
| 95.5% | 95.6% | ↑ | 94.9% | 96.2% | ↑ |

Diagnosics: % within 6 weeks

— VOYCCG — YTHFT — Target (≥99%)



Performance for Vale of York CCG improved slightly to 95.6% in October 2018 compared to 95.5% in September, however still falling far short of the 99% target. This represents 192 patients waiting over 6 weeks from a cohort of 4,336.

MRI continues to be the specialty with the highest number of breaches for CCG patients in September with 52, although this represents a significant improvement from 117 breaches in September. This is closely followed by Echocardiography with 50, a significant increase from 13 in September.

York Trust saw an improvement to diagnostic performance in October at 96.2%, against the standard of 99%. There are particular pressures in endoscopy, Echo CT and MRI and MRI under General Anaesthetic (MRI GA).

Echo-cardiographs have been affected by staff shortages and the service is reviewing actions to mitigate the pressures. The radiology work to date also includes consideration of a sustainable approach to the MRI GA, which are primarily for children.

On 7th December it was announced that the Humber, Coast and Vale Health and Care Partnership has secured £88.5million to improve emergency care and speed up diagnostic testing in parts of its footprint. The £88.5million will be used to fund a major upgrade of the Emergency Departments at 4 hospitals in the region and to improve diagnostic capabilities. New MRI and CT scanners at Hull Royal Infirmary, Scunthorpe General Hospital and Diana Princess of Wales Hospital, as well as additional scoping capabilities at Hull Royal Infirmary, will mean patients can undergo tests more quickly and, therefore, start their treatment earlier.

| Diagnostic Type | Total VOYCCG | | % within 6 weeks |
|--------------------------|--------------|----------------|------------------|
| | Waiting List | Total >6 weeks | |
| AUDIOLOGY_ASSESSMENTS | 291 | 0 | 100.0% |
| URODYNAMICS | 25 | 0 | 100.0% |
| BARIUM_ENEMA | 22 | 0 | 100.0% |
| DEXA_SCAN | 96 | 0 | 100.0% |
| CYSTOSCOPY | 66 | 1 | 98.5% |
| NON_OBSTETRIC_ULTRASOUND | 937 | 15 | 98.4% |
| PERIPHERAL_NEUROPHYS | 45 | 1 | 97.8% |
| CT | 610 | 15 | 97.5% |
| MRI | 1309 | 52 | 96.0% |
| GASTROSCOPY | 324 | 24 | 92.6% |
| COLONOSCOPY | 221 | 17 | 92.3% |
| FLEXI_SIGMOIDOSCOPY | 76 | 7 | 90.8% |
| ECHOCARDIOGRAPHY | 272 | 50 | 81.6% |
| SLEEP_STUDIES | 42 | 10 | 76.2% |
| ELECTROPHYSIOLOGY | 0 | 0 | |
| Grand Total | 4336 | 192 | 95.6% |

KEY QUESTIONS: PERFORMANCE PLANNED CARE

Are targets being met and are you assured this is sustainable?

What mitigating actions are underway?

Diagnostics – No

Cancer 2 week waits – No

Cancer 62 day standard – No

RTT – No

Waiting List non-deterioration – No but improving

52 week breaches 50% reduction target – No but zero tolerance moving forward

Diagnostics:

- Humber, Coast and Vale Health and Care Partnership has secured £88.5million to improve emergency care and speed up diagnostic testing in parts of its footprint.
- The radiology recovery plan is in development but there is little detail around the scale and scope of the programme due to issues with YFT data.

Cancer:

- Implementation of the Standard Operating Procedure (SOP) for removing patients from the Cancer Patient Tracking List (PTL) commenced, with weekly monitoring
- Revised Cancer Governance implemented to strengthen lessons learned from Clinical Harm Reviews and specific performance review of Tumour Site recovery plans at Cancer Board
- Successful bids through the Cancer Alliance to support cancer diagnostic delays, building on the capacity and demand analysis by tumour site.
- Assessment by directorate on options to increase 7 day Fast Track capacity, to inform the operational plan for 2019-20
- Ongoing weekly monitoring of all patients through the Patient Tracking List review, with escalations and action completed in week

Is there a trajectory and a date for recovery / improvement?

Is further escalation required?

The refreshed Cancer Alliance C62D performance programme is attached for reference

Further detail on the YFT diagnostics and radiology recovery programme scoping and mobilisation is required and has been escalated.

Programme Overview

- Unplanned and Out of Hospital Care

Validated data to October (Month 07)

Executive Leads:

Kev Smith (Out of Hospital care), Simon Cox (Urgent & Emergency Care) and Denise Nightingale (DTOCs)

Programme Leads :

Fiona Bell, Assistant Director of Transformation & Delivery
Becky Case, Head of Transformation and Delivery
Locality leads: Shaun Macey and Heather Marsh

Clinical Leads:

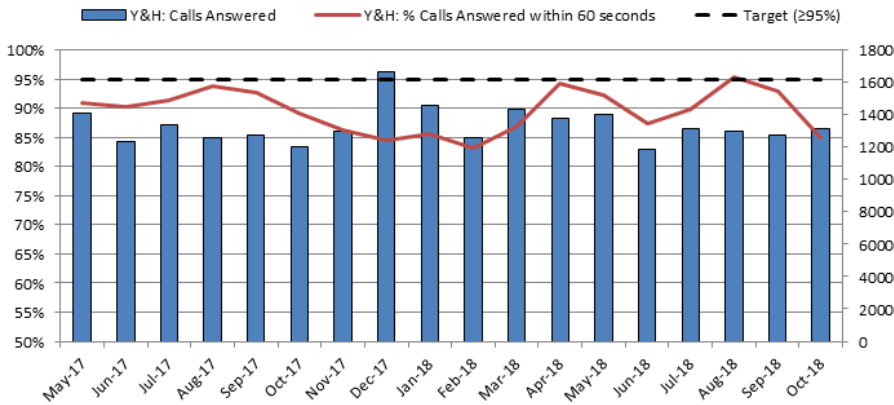
Peter Billingsley, GP Governing Body, S&R CCG

PERFORMANCE UNPLANNED CARE: NHS111, GP OOH, YAS and ED

NHS111: Yorkshire and Humber

| Calls Offered | | | % Answered within 60 seconds | | |
|---------------|---------|-----|------------------------------|--------|-----|
| Sep-18 | Oct-18 | DoT | Sep-18 | Oct-18 | DoT |
| 127,130 | 131,175 | ↑ | 92.9% | 85.0% | ↓ |

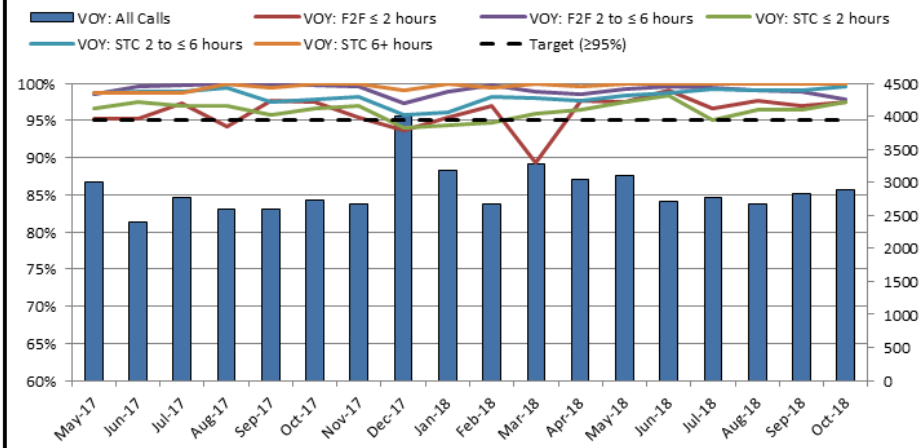
NHS111: Yorkshire and Humber % of Calls Answered within 60 seconds



GP Out of Hours - Face to Face and Speak to Clinician Calls

| F2F calls within ≤2 hours (Target 95%) | | | STC calls within ≤2 hours (Target 95%) | | |
|--|--------|-----|--|--------|-----|
| Sep-18 | Oct-18 | DoT | Sep-18 | Oct-18 | DoT |
| 96.9% | 97.5% | ↑ | 96.4% | 97.4% | ↑ |

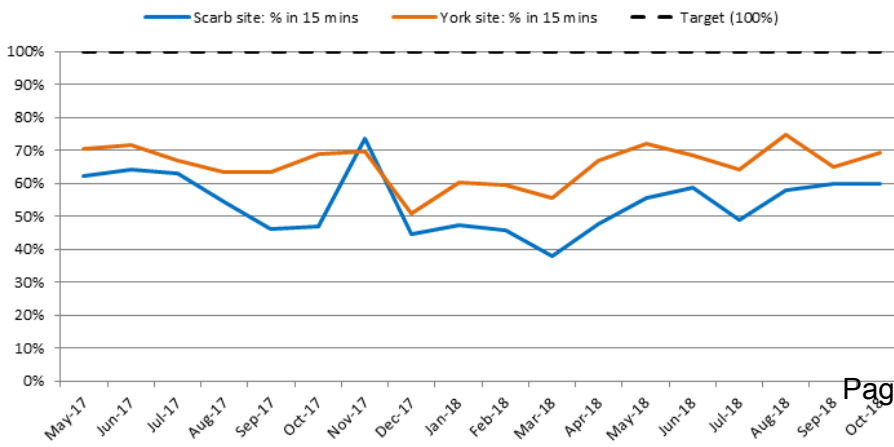
GP Out of Hours - Face to Face and Speak to Clinician Calls



YAS 15 Minute Handover Performance

| Scarborough site (Target 100%) | | | York site (Target 100%) | | |
|--------------------------------|--------|-----|-------------------------|--------|-----|
| Sep-18 | Oct-18 | DoT | Sep-18 | Oct-18 | DoT |
| 59.7% | 59.9% | ↑ | 64.8% | 69.3% | ↑ |

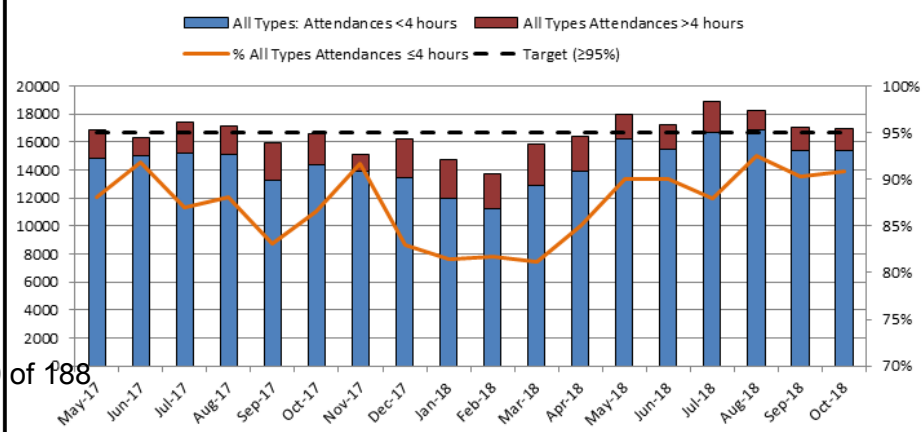
YAS 15 Minute Handover Performance



York Teaching Hospital Foundation Trust: ED 4 hour standard

| All Types Attendances | | | All Types % within 4 hours | | |
|-----------------------|--------|-----|----------------------------|--------|-----|
| Sep-18 | Oct-18 | DoT | Sep-18 | Oct-18 | DoT |
| 17,073 | 16,960 | ↓ | 90.3% | 90.9% | ↑ |

York Teaching Hospital Foundation Trust: All Types ED Attendances and Performance against 95% 4 hour standard



On 7th December 2018 it was announced that the Humber, Coast and Vale Health and Care Partnership has secured £88.5million to improve emergency care and speed up diagnostic testing in parts of its footprint.

The £88.5million will be used to fund a major upgrade of the Emergency Departments at:

- Diana Princess of Wales Hospital, Grimsby
- Scunthorpe General Hospital
- Hull Royal Infirmary
- Scarborough Hospital

Over the next few years the funding will enable the Emergency Departments in all four hospitals to be upgraded so they meet modern standards and requirements and provide a better environment for patients to be treated.

Scarborough Hospital will benefit from a £40 million share of this funding that will enable the creation of a Combined Emergency Assessment Unit, where staff from a range of medical specialties can work side-by-side in a single assessment area, close to the front door and diagnostic support. This will help staff to assess patients more quickly and ensure they get the most appropriate care and treatment as rapidly as possible.

The Unit will be created alongside the Emergency Department and the on-site Urgent Treatment Centre, creating a comprehensive and integrated urgent and emergency care hub.

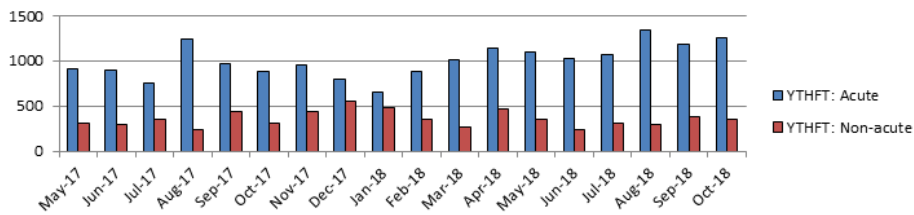
The rest of the funding will be used to improve diagnostic capabilities. New MRI and CT scanners at Hull Royal Infirmary, Scunthorpe General Hospital and Diana Princess of Wales Hospital, as well as additional scoping capabilities at Hull Royal Infirmary, will mean patients can undergo tests more quickly and, therefore, start their treatment earlier.

PERFORMANCE UNPLANNED CARE: DELAYED TRANSFERS OF CARE

DTOC: YTHFT Delayed Bed Days

| Acute | | | Non-acute | | |
|--------|--------|-----|-----------|--------|-----|
| Sep-18 | Oct-18 | DoT | Sep-18 | Oct-18 | DoT |
| 1180 | 1251 | ↑ | 381 | 357 | ↓ |

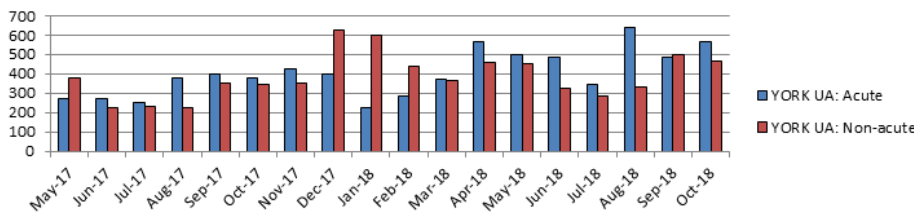
DTOC: York Teaching Hospital Foundation Trust Delayed Bed Days



DTOC: York UA Delayed Bed Days

| Acute | | | Non-acute | | |
|--------|--------|-----|-----------|--------|-----|
| Sep-18 | Oct-18 | DoT | Sep-18 | Oct-18 | DoT |
| 487 | 566 | ↑ | 499 | 468 | ↓ |

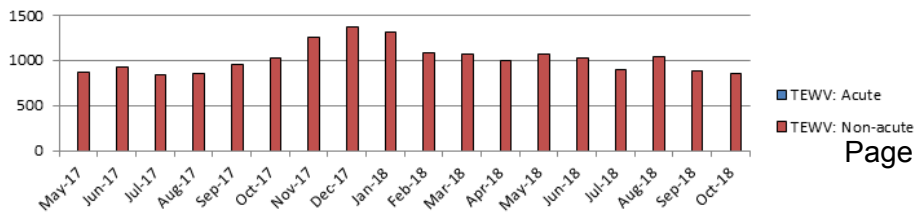
DTOC: York Unitary Authority Delayed Bed Days



DTOC: TEWV Delayed Bed Days

| Acute | | | Non-acute | | |
|--------|--------|-----|-----------|--------|-----|
| Sep-18 | Oct-18 | DoT | Sep-18 | Oct-18 | DoT |
| N/A | N/A | N/A | 878 | 858 | ↓ |

DTOC: Tees, Esk and Wear Valleys Foundation Trust Delayed Bed Days



The number of bed days for acute DTOCs at York Trust has increased from 1180 in September 2018 to 1251 in October. The number of bed days for non-acute DTOCs however reduced from 381 in September 2018 to 357 in October.

York Trust's DTOC position worsened in October compared with September and is the highest seen this year. This has been affected by care home capacity and availability of packages of home care. The Trust has also been significantly affected in recent weeks by wards closed due to infection.

The Trust is actively working through the Complex Discharge multi-agency group to mitigate the pressures from increased demand, and delayed patients through the Winter Plan preparations.

In November 2018, refreshed guidance was issued for the Monthly DTOC Situation Report submission as a result of operational issues and concerns raised from local health and social care systems. The refreshed guidance seeks to remove ambiguity and improve operational clarity, with the aim of improving partnership working, placing more emphasis on local collaborative solutions to barriers.

It is not anticipated that this refreshed guidance will lead to any significant changes in the local figures as it is believed that YTHFT and TEWV have been submitting in line with guidance for some time; however, it may affect how we stand nationally as the clarified guidance may lead to changes in other providers' submissions.

The full refreshed guidance can be found in Annex 2 of this report.

KEY QUESTIONS : PERFORMANCE UNPLANNED CARE

Are targets being met and are you assured this is sustainable?

- **4-hour standard:** Continued achievement of trajectory in October, with consistent outcomes for meeting 90% in Q3.
- **Ambulance Handovers:** Static in S'boro and slight improvement in York. Overall improvement is 17%.
- **YAS response times:** Average response times for Cat 1 calls improved significantly to 7minutes and 10seconds, just outside target. The 90th centile is also comfortably within the 15 minutes target at 12 minutes and 23 seconds.
- **OOH GP:** Maintaining good performance.
- **EDFD:** Performance has again improved slightly on previous month.
- **NHS111:** Slight deterioration against targets but continue to benchmark very well nationally.
- **DTOC:** On-going discussions around provision of local beds; CYC investigating use of Glen Lodge. Targets not being met.

What mitigating actions are underway?

- **4-hour standard:** No mitigating actions required at present; monitoring continues.
- **Ambulance Handovers:** Action on A&E work in S'boro to be duplicated into provision at York.
- **YAS response times:** Cat1 continuously monitored, higher proportions of Hear & Treat etc. above plan is positive.
- **OOH GP:** No mitigating actions required at present; monitoring continues.
- **EDFD:** Commenced dialog around new service model.
- **NHS111:** No mitigating actions required at present; monitoring continues.
- **DTOC:** Ongoing discussions about appropriate usage of all care home and community beds (St Monica's) – including additional winter/budget funding.

Is there a trajectory and a date for recovery/improvement?

- **4-hour standard:** ongoing work against winter plans. Key partners continue to meet/discuss short/long term actions.
- **Ambulance Handovers:** key actions have been described against Action on A&E timeline, metrics have been agreed, monitoring ongoing. Action on A&E 2018 completed November.
- **YAS response times:** not applicable at present.
- **OOH GP:** not applicable at present.
- **EDFD:** not applicable at present.
- **NHS111:** not applicable at present.
- **DTOC:** Continued work around use of 'fast-track' beds and community beds ongoing; to test in Jan19. Block booked beds protocol reminders have been sent out and step-down as well as step-up criteria reviewed.

Is further escalation required?

- **4-hour standard:** No
- **Ambulance Handovers:** No
- **YAS response times:** No
- **OOH GP:** No
- **EDFD:** No
- **NHS111:** No
- **DTOC:** Continued focus from Complex Discharge Group and associated programmes including CHC. Some slight improvements noted. AEDB aware of issues. CYC and CCG working together.



Programme Overview

- Mental Health, Learning Disability, Complex Care and Children's

Executive Lead and Clinical Lead:

Denise Nightingale, Executive Director of Transformation & Delivery (MH/LD/CHC)

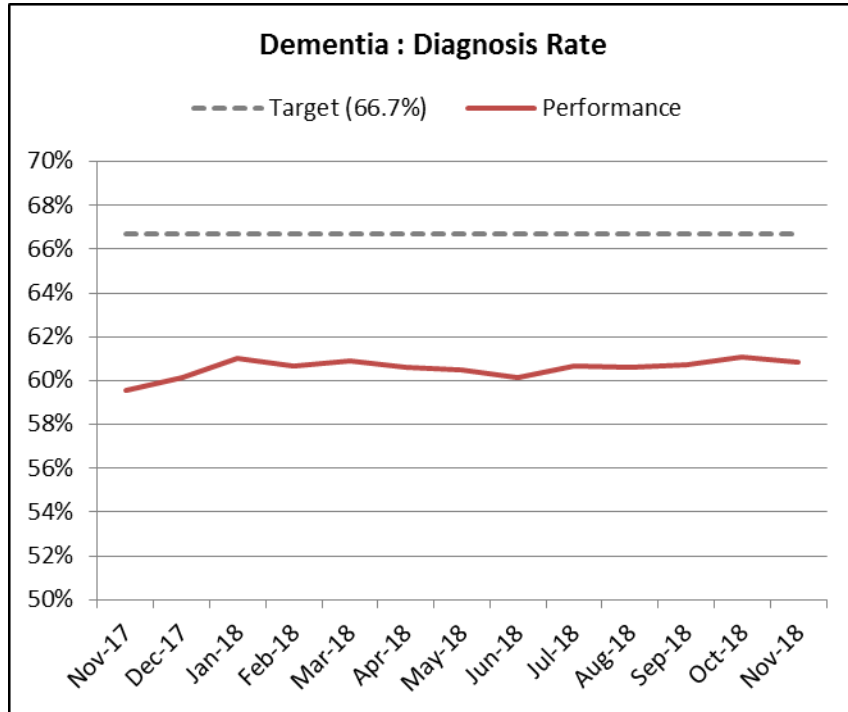
Programme Leads :

Paul Howatson, Head of Partnerships and Integration

Bev Hunter, Head of CHC and Vulnerable People

PERFORMANCE : MENTAL HEALTH – DEMENTIA

| Dementia | | | |
|----------------|--------|--------|-----|
| Diagnosis Rate | | | |
| Sep-18 | Oct-18 | Nov-18 | DoT |
| 60.9% | 60.0% | 60.1% | ↑ |



The diagnosis rate has increased slightly to 60.1% from last months reported 60.0%

Last months decrease in performance is associated with the closure of two care homes as the patients subsequently moved out of area.

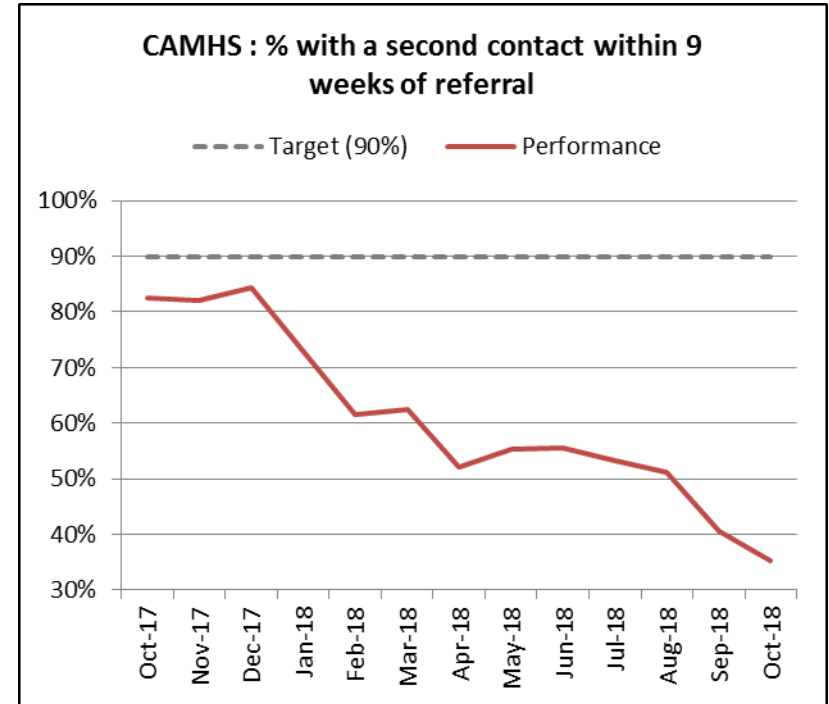
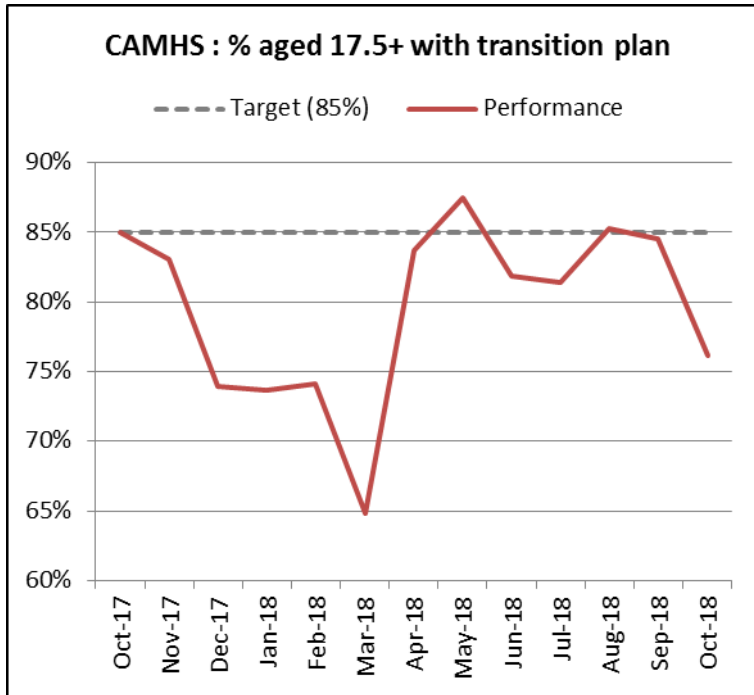
| Practice Name | Movement | Performance |
|---------------------------------|-----------|-------------|
| Beech Tree Surgery | 2 | 73.0% |
| Dalton Terrace Surgery | 0 | 48.5% |
| East Parade Medical Practice | (1) | 43.6% |
| Elvington Medical Practice | 11 | 88.5% |
| Escrick Surgery | 3 | 57.5% |
| Front Street Surgery | 1 | 46.3% |
| Haxby Group Practice | (11) | 93.7% |
| Helmsley Surgery | 0 | 41.8% |
| Jorvik Gillygate Practice | 0 | 66.5% |
| Kirkbymoorside Surgery | 0 | 54.6% |
| Millfield Surgery | 0 | 65.1% |
| My Health Group | (4) | 53.0% |
| Pickering Medical Practice | 12 | 62.1% |
| Pocklington Group Practice | 1 | 51.3% |
| Posterngate Surgery | (1) | 60.0% |
| Priory Medical Group | 1 | 67.7% |
| Scott Road Medical Centre | 1 | 90.5% |
| Sherburn Group Practice | (2) | 72.1% |
| South Milford Surgery | (1) | 42.0% |
| Stillington Surgery | 0 | 51.0% |
| Tadcaster Medical Centre | 0 | 51.0% |
| Terrington Surgery | 0 | 35.7% |
| The Old School Medical Practice | 0 | 56.3% |
| Tollerton Surgery | (1) | 29.5% |
| Unity Health | 4 | 56.5% |
| York Medical Group | (5) | 45.6% |
| Total | 10 | |

| | | |
|----------------------------|--|-------|
| Based on Primary Care Data | | 62.9% |
| Based on NHS Digital Data | | 60.1% |

PERFORMANCE : MENTAL HEALTH

| CAMHS | | | |
|-----------------------------------|--------|--------|-----|
| % aged 17.5+ with transition plan | | | |
| Aug-18 | Sep-18 | Oct-18 | DoT |
| 85.2% | 84.5% | 76.1% | ↓ |

| CAMHS | | | |
|---|--------|--------|-----|
| % with a second contact < 9 weeks of referral | | | |
| Aug-18 | Sep-18 | Oct-18 | DoT |
| 51.1% | 40.6% | 35.3% | ↓ |



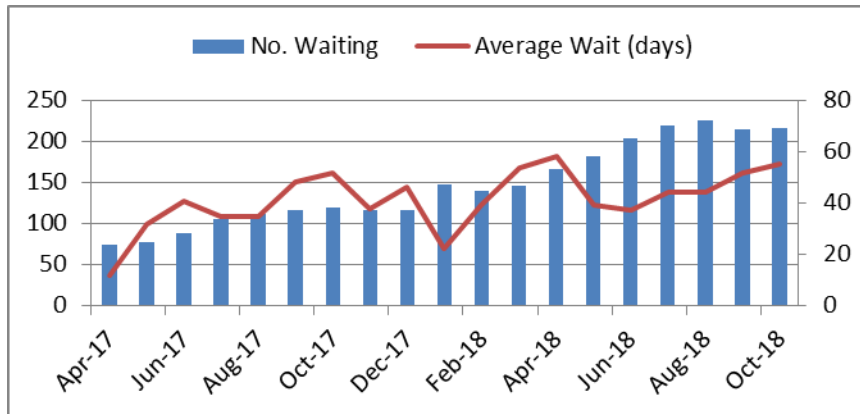
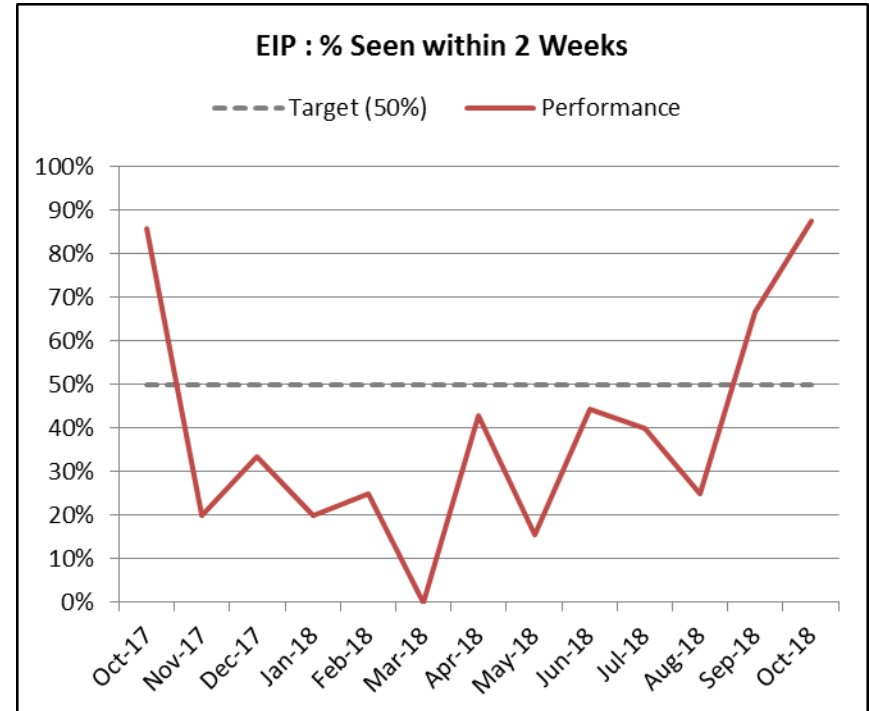
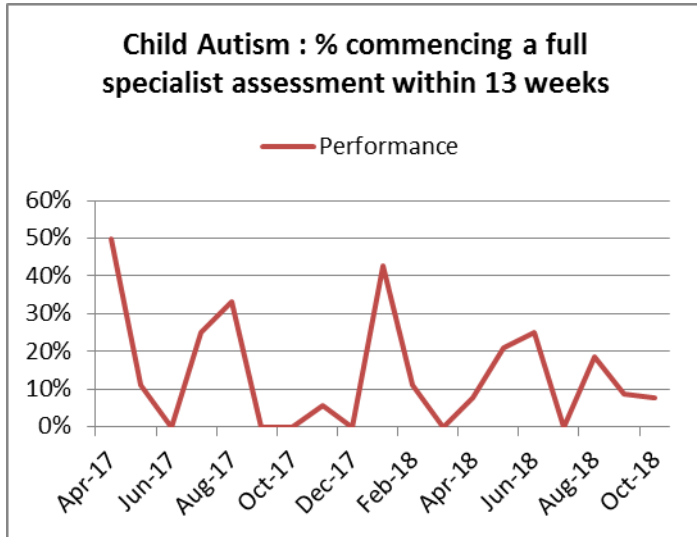
The position for October is 76.14% which is attributable to 21 breaches out of 88 patients.

The position for October is 35.3%, which is attributable to 66 breaches out of 102 patients. Breaches continue to predominately relate to issues with staff capacity.

PERFORMANCE : MENTAL HEALTH

| Child Autism | | | |
|--|--------|--------|-----|
| % commencing full specialist assessment < 13 wks | | | |
| Aug-18 | Sep-18 | Oct-18 | DoT |
| 18.8% | 8.7% | 7.7% | ↓ |

| EIP | | | |
|-----------------------|--------|--------|-----|
| % seen within 2 Weeks | | | |
| Aug-18 | Sep-18 | Oct-18 | DoT |
| 25.0% | 66.7% | 87.5% | ↑ |



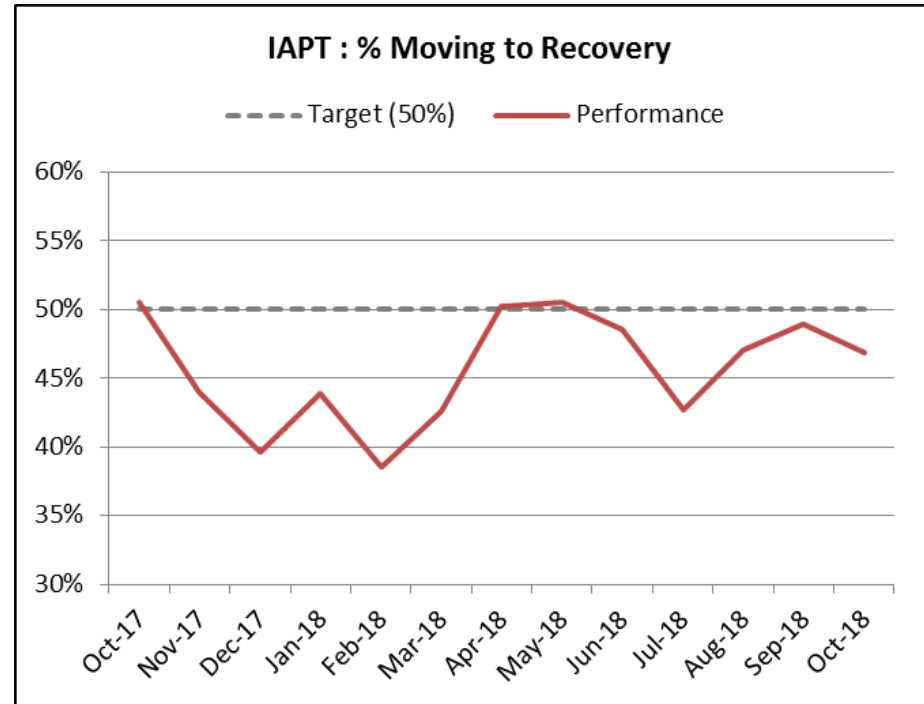
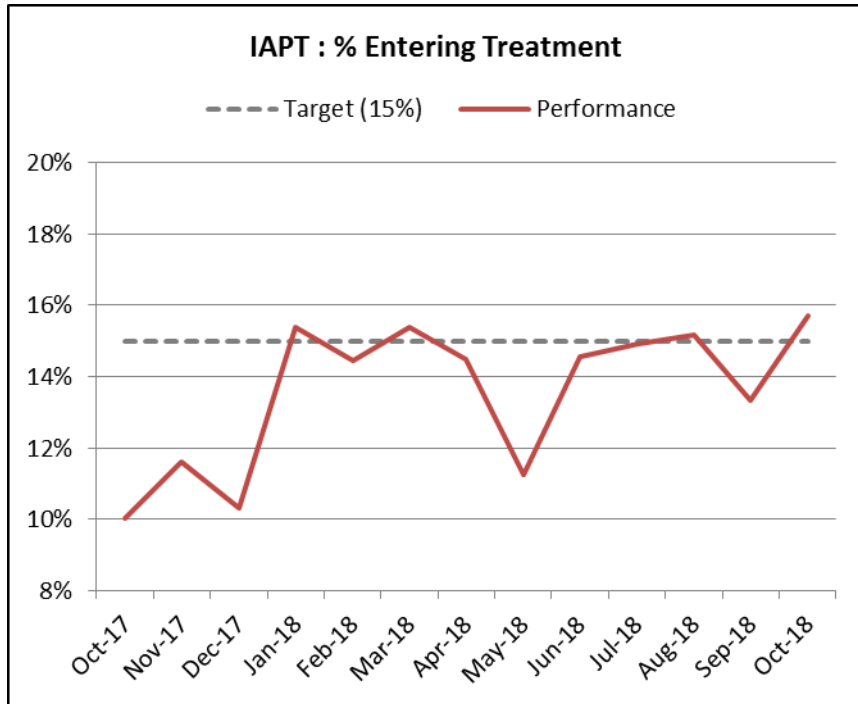
The position improved to 87.50% and has met the target in October.

Performance continues to fall as average waits increase and the number of patients waiting remains broadly stable.

PERFORMANCE : MENTAL HEALTH

| IAPT | | | |
|------------|--------|--------|-----|
| Prevalence | | | |
| Aug-18 | Sep-18 | Oct-18 | DoT |
| 15.2% | 13.3% | 15.7% | ↑ |

| IAPT | | | |
|----------|--------|--------|-----|
| Recovery | | | |
| Aug-18 | Sep-18 | Oct-18 | DoT |
| 47.1% | 48.9% | 46.9% | ↓ |

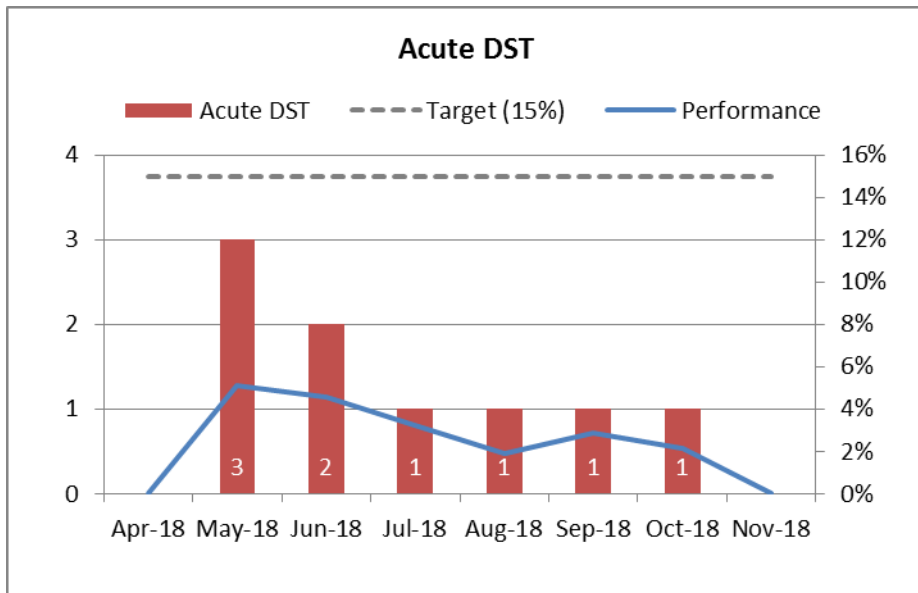


The local position for October is 15.71%.

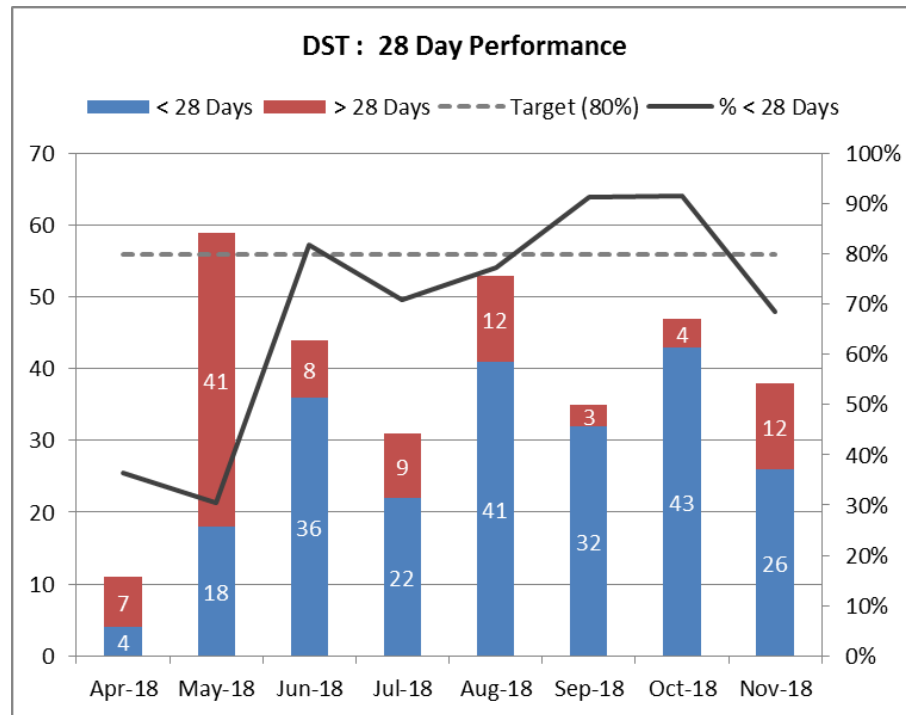
The local position for October is 46.86%. Of the 253 patients who completed treatment; 112 have moved to recovery.

There are 161 patients waiting, of which 6 are waiting in excess of 28 days. A validated waiting list is now available and has been shared with the service to enable patients with the longest waits to assessment to be targeted.

PERFORMANCE : CONTINUING HEALTHCARE



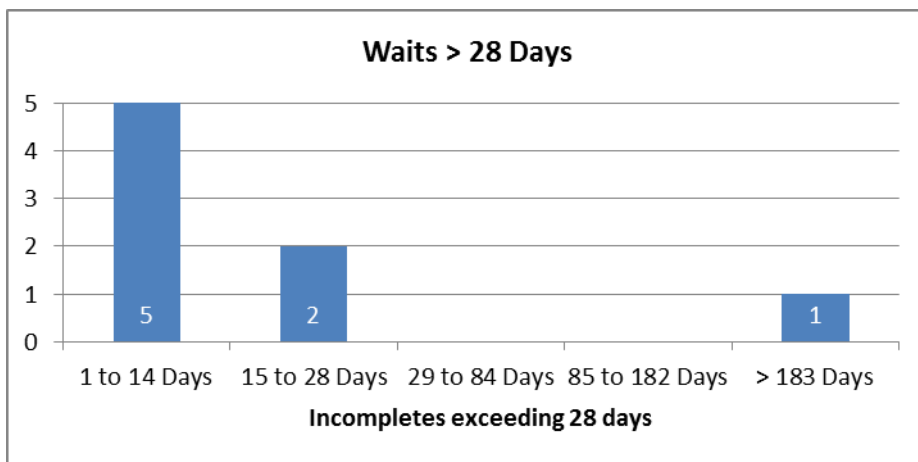
Implementation of the discharge to assess approach has continued to deliver this target. All Acute Hospital DSTs are approved prior to assessment and occur due to patient need.



Performance has fallen to 68.4% this month.

There were a reduced number of DST undertaken in month. This was related to :

- An administration staff shortage due to vacant posts and staff sickness.
- Implementation of new IT system and related change in working procedures which required CHC staff input and to attend training.



One outstanding DST has been newly identified and has been targeted to be completed asap.

KEY QUESTIONS: MENTAL HEALTH, LEARNING DISABILITY SERVICES, COMPLEX CARE & CHILDREN

| Are targets being met and are you assured this is sustainable? | What mitigating actions are underway? |
|---|--|
| <p>Mental Health:</p> <p>IAPT : No Dementia : No CAMHS : No EIP: No</p> <p>Continuing Healthcare:</p> <p>Monthly Acute Hospital DST Activity : Yes Decision Support Tool 28 Days : No</p> | <p>IAPT : TEWV have confirmed that the prevalence target will be met in Q4 but this is not sustainable in the long term and other models of delivery are being considered. Deep dive into recovery being undertaken to ensure 50% target is reached in Qtr 4.</p> <p>Dementia : Targeted support to GP Practices continues as does case finding in care homes. Waits in memory service have increased to 10 weeks and the CCG is working with TEWV to address these issues.</p> <p>CAMHS : Posts recruited and anticipating improvement in position from January 2019. Outsourced activity to another provider in relation to children autism assessments and utilised additional funding to use bank staff to offer additional assessments which should improve the autism waiting list.</p> <p>EIP : Staffing appointments currently on track for improvement in performance in line with trajectory.</p> <p>CHC : It is anticipated that December performance will be affected by the same issues as November although the situation is being reviewed daily to reduce the impact of this. Performance is expected to improve going forward.</p> |
| Is there a trajectory and a date for recovery / improvement? | Is further escalation required? |
| <p>IAPT : Trajectory agreed but is below national target. Dementia : The tasks in the action plan support progress towards delivery of the national target CAMHS : Action plan developed with TEWV to support meeting required performance targets EIP : Trajectory and investment for 18/19 agreed CHC : Performance is anticipated to improve.</p> | <p>IAPT recovery: Verbal update to F & P Committee. Dementia : Verbal update to F & P Committee. CAMHS : Verbal update to F & P Committee. EIP : No further escalation at present, awaiting recruitment of new posts CHC : No escalation required at this stage.</p> |

CCG Improvement and Assessment Framework (IAF)

CCG Improvement and Assessment Framework

CCGs are assessed annually by NHS England against the Improvement and Assessment Framework (IAF). There are 4 possible achievement ratings to be gained – Inadequate, Requires Improvement, Good or Outstanding.

The CCG IAF comprises indicators selected by NHS England to track and assess variation across performance, delivery, outcomes, finance and leadership.

Release of the 2018/19 Framework

The 2018/19 CCG Improvement and Assessment Framework (IAF) for 2018/19 was published on 08th November 2018. The updated framework covers 58 indicators, 51 of which have been carried over from 2017/18 with the addition of 7 new indicators for 2018/19.

The 7 new indicators are as follows:

- Proportion of people on GP severe mental illness register receiving physical health checks in primary care
- Cardio-metabolic assessment in mental health environments
- Delivery of the mental health investment standard
- Quality of mental health data submitted to NHS Digital (DQMI)
- Count of the total investment in primary care transformation made by CCGs compared with the £3 head commitment made in the General Practice Forward View
- Patients waiting six weeks or more for a diagnostic test
- Expenditure in areas with identified scope for improvement

In addition to the new indicators, a number of the existing 51 indicators have been amended or updated.

The Quarter 1 2018/19 IAF dashboard was released to CCGs on Wednesday 14th November 2018, with data to be published on the MyNHS / NHS England website on Wednesday 21st November 2018. A first cut of the data has been reviewed and shows that the CCG has 16 indicators 'performing well' (in top 3 against peers and/or top quartile nationally, or internal assessment where no ranking published), 15 'priority 1' indicators (7/11 or below against peers AND in lowest quartile nationally, or internal assessment where no ranking published), and 10 'priority 2' indicators (7/11 or below against peers OR in lowest quartile nationally).

The CCG's rating against the in-year financial performance indicator (25% of year end rating in 2017/18) has improved from Red at year end 2017/18 to Amber in Q1 2018/19, however this should be taken with a note of caution as the criteria which make up this indicator have been amended in the 2018/19 framework so it may not be sustainable to achieve this improved rating throughout the full year.

Future development

In addition to the newly released and refreshed 2018/19 Improvement and Assessment Framework indicators, the summary guidance published on 08th November 2018 included an update on future developments including a planned Integrated Oversight Framework, as outlined below.

NHS England and NHS Improvement are developing with STPs/ICSs a set of principles that will underpin oversight:

- *NHS England and NHS Improvement speaking with one voice, setting consistent expectations for local health systems;*
- *greater focus on the performance of the local healthcare system as a whole, alongside the performance of individual providers and commissioners; and,*
- *working with and through the STP/ICS leadership, wherever possible, to tackle problems in individual organisations or localities, rather than making uncoordinated national interventions. This will thereby stimulate the further growth of self-governing systems.*

This will be informed by a new integrated oversight framework that will form a key part of the regular performance discussions between NHS England, NHS Improvement and STPs/ICSs. Alongside this, NHS England, NHS Improvement and STPs/ICSs will continue to review trust-level data – and CCG-level data – to help agree when individual organisations need support or intervention and who should provide that support or intervention.

We envisage that this new framework will evolve to reflect a population-based approach to improving health outcomes and reducing health inequalities. Development of this framework will be informed by the long-term plan for the NHS, due to be issued in the autumn, to ensure that the ambition described for the NHS is captured in the metrics that we use to assess and oversee CCGs and healthcare systems in the future.

2018/19 CCG Quality Premium

2017/18 Quality Premium Update

Provisional Phase 1 2017/18 Quality Premium results were released by NHS England on 13th November 2018, for CCGs to review. The provisional results brought together the local Quality Premium measures along with the national data which is available. The CCG's Analytics Team reviewed the results and confirmed accuracy meaning there was no requirement to lodge an appeal with NHS England. Subsequently the appeals window closed at midday on Wednesday 21st November.

Although the provisional results indicate that the CCG achieved a number of the 2017/18 Quality Premium indicators with a potential financial value of over £1million, all three targets within the Constitutional Gateway were failed and with each carrying a penalty of 33.3% this represents a 100% reduction in any available funding.

On 12th December 2018 the Financial Gateway results were released for 2017/18 and the CCG has failed the gateway as anticipated. In addition to failing the Constitutional Gateways which had already removed any possibility of available funding, the failure of the Financial Gateway also renders us ineligible for any monetary achievement despite any achievement in other areas.

2018/19 Quality Premium

Guidance for the 2018/19 CCG Quality Premium has been released, and the table on the following slide summarises the potential funding available to Vale of York and Scarborough & Ryedale CCGs broken down by section and indicator.

The structure of the Quality Premium has changed compared to previous years, placing more emphasis on Emergency Demand Management so as to incentivise moderation of demand for emergency care in addition to maintaining and/or improving progress against key quality indicators.

Approximately 75.5% of potential funding is allocated to the Emergency Demand Management Indicators, and 24.5% to the Quality Indicators.

As in previous years the Quality Premium includes three gateways. The Finance and Quality gateways apply to all sections of the Quality Premium. However in 2018/19, the Constitutional gateway only applies to the Quality indicators, and has no influence on the Emergency Demand Management Indicators. Therefore even if both indicators within the Constitutional gateway are failed (RTT pathway volumes and Cancer 62 days waits), the CCG is still able to achieve the Emergency Demand Management Indicators and therefore access the majority of the Quality Premium funding.

The CCG continue to work on understanding baselines and tracking for the 2018/19 Quality Premium and updates will be provided in this report as and when available.

QUALITY PREMIUM 2018/19

Potential Funding for Quality Premium for Vale of York and Scarborough and Ryedale CCGs combined*

£2,387,010

| | Indicator | % of Quality Premium | Potential Value for Vale of York CCG | Potential Value for Scarborough and Ryedale CCG | Potential total value for VOY and S&R CCGs: |
|--|--|----------------------|--------------------------------------|---|---|
| Emergency Demand Management Indicators | A1 - Type 1 A&E attendances | 50.0% | £673,909 | £227,306 | £901,215 |
| | A2 - Non elective admissions with zero length of stay | | | | |
| | B1 - Non elective admissions with length of stay of 1 day or more | 50.0% | £673,909 | £227,306 | £901,215 |
| | Total | 100.0% | £1,347,818 | £454,612 | £1,802,430 |
| Quality Indicators | 1 - % new cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed | 17.0% | £74,353 | £25,025 | £99,378 |
| | 2 - Overall experience of making a GP appointment | 17.0% | £74,353 | £25,025 | £99,378 |
| | 3a - % of NHS CHC referrals that have been completed within 28 days. | 8.5% | £37,177 | £12,513 | £49,690 |
| | 3b - % of full NHS CHC assessments that were completed in an acute hospital | 8.5% | £37,177 | £12,513 | £49,690 |
| | 4a - % of people accessing IAPT services identified as Black, Asian and minority ethnic (BAME) | 17.0% | £74,353 | £25,025 | £99,378 |
| | 4b - % of people accessing IAPT services aged 65+ | | | | |
| | 5ai - Reduction in all E coli BSI reported | 5.1% | £22,306 | £7,508 | £29,814 |
| | 5aii - Collection and reporting of a core primary care data set for all E coli cases | 2.6% | £11,153 | £3,754 | £14,907 |
| | 5b - A 30% reduction (or greater) in the number of Trimethoprim items prescribed to patients aged 70 years or greater on baseline data | 3.4% | £14,871 | £5,005 | £19,876 |
| | 5ci - Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) must be equal to or below England 2013/14 mean | 1.7% | £7,435 | £2,503 | £9,938 |
| | 5cii - Additional reduction in Items per Specific Therapeutic group Age-Sex Related Prescribing Unit (STAR-PU) equal to or below 0.965 items per STAR-PU | 4.3% | £18,588 | £6,256 | £24,844 |
| | 6 - Local Rightcare Measure - Reduction in the number of MSK POLCVs | 15.0% | £65,606 | £22,081 | £87,687 |
| | Total | 100.0% | £437,372 | £147,208 | £584,580 |

*Based on VOYCCG population of 357,038 and S&RCCG population of 120,364 as at April 2018.

Potential Reduction Risks to Quality Premium:

NHS Quality Gateway and NHS Finance Gateway: These apply to both the Emergency Demand Management and Quality Indicators. Therefore if either of these Gateways are failed, this carries a 100% reduction risk to all payment, i.e. £2,387,010 impact per Gateway.

NHS Constitution Gateway: This applies ONLY to the Quality Indicators. Each one carries a 50% reduction risk to payment of the Quality Indicators, i.e. £292,290 impact per indicator or £584,580 total.

NHS Constitution Gateway Indicators:

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The number of patients on an incomplete pathway not to be higher in March 2019 than in March 2018

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer

Q2 2018/19 update on Emergency Demand Management Indicators: Vale of York and Scarborough and Ryedale CCGs

| A&E Type 1 Attendances | Vale of York CCG | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | Q4 2018/19 | Full year 2018/19 |
|------------------------|---------------------------|------------|------------|------------|------------|-------------------|
| | Plan | 20,892 | 21,593 | 20,942 | 19,698 | 83,125 |
| | Actual | 22,164 | 22,318 | | | 44,482 |
| | Variance | 1,272 | 725 | | | 1,997 |
| | Scarborough & Ryedale CCG | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | Q4 2018/19 | Full year 2018/19 |
| | Plan | 6,040 | 6,106 | 6,107 | 5,975 | 24,228 |
| Actual | 6,116 | 6,400 | | | 12,516 | |
| Variance | 76 | 294 | | | 370 | |

| Non-elective admissions - 0 LoS | Vale of York CCG | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | Q4 2018/19 | Full year 2018/19 |
|---------------------------------|---------------------------|------------|------------|------------|------------|-------------------|
| | Plan | 3,399 | 3,264 | 3,557 | 3,543 | 13,763 |
| | Actual | 3,418 | 3,441 | | | 6,859 |
| | Variance | 19 | 177 | | | 196 |
| | Scarborough & Ryedale CCG | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | Q4 2018/19 | Full year 2018/19 |
| | Plan | 961 | 998 | 1,056 | 943 | 3,958 |
| Actual | 1,074 | 1,024 | | | 2,098 | |
| Variance | 113 | 26 | | | 139 | |

| Non-elective admissions - 1+ LoS | Vale of York CCG | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | Q4 2018/19 | Full year 2018/19 |
|----------------------------------|---------------------------|------------|------------|------------|------------|-------------------|
| | Plan | 5,961 | 6,031 | 6,199 | 6,087 | 24,278 |
| | Actual | 6,539 | 6,348 | | | 12,887 |
| | Variance | 578 | 317 | | | 895 |
| | Scarborough & Ryedale CCG | Q1 2018/19 | Q2 2018/19 | Q3 2018/19 | Q4 2018/19 | Full year 2018/19 |
| | Plan | 2,588 | 2,637 | 2,769 | 2,777 | 10,771 |
| Actual | 2,873 | 2,754 | | | 5,627 | |
| Variance | 285 | 117 | | | 402 | |

The table opposite shows the position as at end Q2 2018/19 against the three Quality Premium Emergency Demand Management Indicators, for both Vale of York and Scarborough and Ryedale CCGs.

In total these indicators are worth up to approximately £1.8million combined for the two CCGs. As at end Q2 both CCGs are adverse to plan on all three indicators.

It should be noted that these figures are based on national data which will be used in Quality Premium assessment and do not take into account local exceptions around the way activity is recorded in, for example, ambulatory care - therefore these figures may differ from those published in other CCG reports.

Financial Gateway Update

As at end September 2018, the CCG are anticipating a failure of the Financial Gateway due to the likelihood of ending the year with an adverse variance to approved planned financial position. If the Financial Gateway is not achieved then this will make the CCG ineligible for 100% of Quality Premium funding against all indicators, regardless of level of achievement.

Acronyms

| | |
|-------|--|
| 2WW | Two week wait: Urgent Cancer Referrals Target |
| A&E | Accident and Emergency |
| ADHD | Attention Deficit Hyperactive Disorder |
| AEDB | A and E Delivery Board |
| AHC | Annual Health Check |
| AIC | Aligned Incentive Contract |
| CAMHS | Child and Adolescent Mental Health Services |
| CC | Continuing Care |
| CEP | Capped Expenditure Process |
| CGA | Comprehensive Geriatric Assessment |
| CHC | Continuing Healthcare |
| CIP | Cost Improvement Plan |
| CMB | Contract Management Board |
| COPD | Chronic Obstructive Pulmonary Disease |
| CQC | Care Quality Commission |
| CQUIN | Commissioning for Quality and Innovation (framework) |
| CRUK | Cancer Research UK |
| CSF | Commissioner Sustainability Funding |
| CT | Computerised Tomography Scan |
| CWTs | Cancer Waiting Times |
| CYC | City of York Council |
| CYP | Children & Young People |
| DEXA | Dual energy X-ray absorptiometry scan |
| DNA | Did not attend |
| DQIP | Data Quality Improvement Plan (in standard acute contract) |
| DTOC | Delayed Transfer of Care |
| ECS | Emergency Care Standard (Agreed target) |

Acronyms continued

| | |
|-----------|---|
| ED | Emergency Department |
| EDFD | Emergency Department Front Door |
| EMI | Elderly Mentally Infirm |
| ENT | Ear Nose & Throat |
| F&P/ F&PC | Finance & Performance Committee (CCG) |
| FIT | Faecal Immunochemical Test |
| FNC | Funded Nursing Care |
| FT | Foundation Trust |
| GA | General Anaesthetic |
| GI | Gastro-intestinal |
| GPFV | GP Forward View |
| H&N | Head and Neck |
| HCV | Humber, Coast & Vale (Sustainable Transformation Plan or STP) |
| HR&W | NHS Hambleton, Richmondshire and Whitby CCG |
| HaRD | NHS Harrogate and Rural District CCG |
| IAF | Improvement & Assessment Framework (NHS England) |
| IAPT | Improving Access to Psychological Therapies |
| ICS | Integrated Care Systems |
| IFR | Individual Funding Review (Complex care) |
| IPT | Inter-provider transfer (Cancer) |
| IS | Independent Sector |
| IST | Intensive Support Team |
| LA | Local Authority |
| LD | Learning Disabilities |
| LDR | Local Digital Roadmap |
| MCP | Multi-Care Practitioner |
| MDT | Multi Disciplinary Team |
| MH | Mental Health |


Acronyms continued

| | |
|-------|--|
| MHFV | Mental Health Forward View |
| MIU | Minor Injuries Unit |
| MMT | Medicines Management Team |
| MNET | Medical Non Emergency Transport |
| MRI | Magnetic Resonance Imaging |
| MSK | Musculo-skeletal Service |
| NHS | National Health Service |
| NHSE | NHS England |
| NHSI | NHS Improvement |
| NYCC | North Yorkshire County Council |
| NYNET | NYNET Limited (created by North Yorkshire County Council, provides WAN connectivity and broadband services to private and public sector sites) |
| ONPOS | Online Non Prescription Ordering Service |
| OOH | Out of hours |
| PCH | Primary Care Home |
| PCU | Partnership Commissioning Unit |
| PIB | Permanent Injury Benefit |
| PID | Project Initiation Document |
| PLCV | Procedures of Limited Clinical Value |
| PM | Practice Manager |
| PMO | Programme Management Office |
| PNRC | Procedures Not Routinely Commissioned |
| POD | Point of Delivery |
| PSF | Provider Sustainability Funding |
| PTL | Patient Tracking List |
| QIPP | Quality, Innovation, Productivity and Prevention |
| QP | Quality Premium |

Acronyms continued

| | |
|------------------|---|
| RRV | Rapid Response Vehicle |
| RSS | Referral Support Service |
| RTT | Referral to treatment |
| SOP | Standard Operating Procedure |
| S&R / SRCCG | NHS Scarborough and Ryedale CCG |
| SRBI | Special Rehabilitation Brain Injury |
| STF | Sustainability and Transformation Fund |
| STP | Sustainability and Transformation Plan |
| STT | Straight to Triage |
| SUS | Secondary Uses Service (data) |
| TEWV | Tees, Esk and Wear Valleys NHS Foundation Trust |
| T&I | Trauma and Injury |
| T&O | Trauma and Orthopaedics |
| TIA | Transient Ischaemic Attack |
| ToR | Terms of Reference |
| UCC | Urgent Care Centre |
| UCP | Urgent Care Practitioner |
| VoY | Vale of York |
| VoY CCG | NHS Vale of York CCG |
| VCN | Vale of York Clinical Network |
| WLIs | Waiting List Initiatives |
| YAS | Yorkshire Ambulance Service |
| YDUC | Yorkshire Doctors Urgent Care |
| Y&H | Yorkshire & Humber (region) |
| YTHFT/York Trust | York Teaching Hospital NHS Foundation Trust |
| YDH | York District Hospital |
| YHEC | York Health Economics Centre |

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| Item Number: 9 | | | | | | | | | |
| Name of Presenter: Michelle Carrington | | | | | | | | | |
| Meeting of the Governing Body Date of meeting: 3 January 2018 |  Vale of York Clinical Commissioning Group | | | | | | | | |
| Report Title – Quality and Patient Experience Report | | | | | | | | | |
| Purpose of Report <i>(Select from list)</i> For Information | | | | | | | | | |
| Reason for Report To update Governing Body following the Quality and Patient Experience Committee. Key Messages to Governing Body following December’s Quality and Patient Experience Committee <ul style="list-style-type: none"> • The Committee’s detailed focus on Child and Adolescent Mental Health Services recognised the investment made to date but also the need for further funding and capacity. • The Committee emphasised the need for market management of care homes. • The Committee welcomed the large scale transformation of district nursing. The significant work would produce results across the health economy and give parity of esteem. • The Committee noted that development of the Community Strategy was key to progress. | | | | | | | | | |
| Strategic Priority Links <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Strengthening Primary Care</td> <td><input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care</td> </tr> <tr> <td><input checked="" type="checkbox"/> Reducing Demand on System</td> <td><input checked="" type="checkbox"/> System transformations</td> </tr> <tr> <td><input checked="" type="checkbox"/> Fully Integrated OOH Care</td> <td><input checked="" type="checkbox"/> Financial Sustainability</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract</td> <td></td> </tr> </table> | | <input checked="" type="checkbox"/> Strengthening Primary Care | <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care | <input checked="" type="checkbox"/> Reducing Demand on System | <input checked="" type="checkbox"/> System transformations | <input checked="" type="checkbox"/> Fully Integrated OOH Care | <input checked="" type="checkbox"/> Financial Sustainability | <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract | |
| <input checked="" type="checkbox"/> Strengthening Primary Care | <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care | | | | | | | | |
| <input checked="" type="checkbox"/> Reducing Demand on System | <input checked="" type="checkbox"/> System transformations | | | | | | | | |
| <input checked="" type="checkbox"/> Fully Integrated OOH Care | <input checked="" type="checkbox"/> Financial Sustainability | | | | | | | | |
| <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract | | | | | | | | | |
| Local Authority Area <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> CCG Footprint</td> <td><input type="checkbox"/> East Riding of Yorkshire Council</td> </tr> <tr> <td><input type="checkbox"/> City of York Council</td> <td><input type="checkbox"/> North Yorkshire County Council</td> </tr> </table> | | <input checked="" type="checkbox"/> CCG Footprint | <input type="checkbox"/> East Riding of Yorkshire Council | <input type="checkbox"/> City of York Council | <input type="checkbox"/> North Yorkshire County Council | | | | |
| <input checked="" type="checkbox"/> CCG Footprint | <input type="checkbox"/> East Riding of Yorkshire Council | | | | | | | | |
| <input type="checkbox"/> City of York Council | <input type="checkbox"/> North Yorkshire County Council | | | | | | | | |
| Impacts/ Key Risks <ul style="list-style-type: none"> <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities | Covalent Risk Reference and Covalent Description | | | | | | | | |

| |
|---|
| Emerging Risks (not yet on Covalent) |
| Recommendations |

| | |
|--|--|
| Responsible Executive Director and Title Michelle Carrington (Chief Nurse) | Report Author and Title Quality and Nursing Team |
|--|--|



Vale of York
Clinical Commissioning Group

**NHS Vale of York Clinical Commissioning Group
Quality and Patient Experience Report
– December 2018**

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Purpose of the Report

The purpose of this report is to provide an overview of the Vale of York Clinical Commissioning Group in relation to the quality of services across our main provider services. In addition, it provides an update about the Vale of York CCG's Quality team's important work relating to quality improvements that affect the wider health and care economy.

Key pieces of improvement work that the team is involved in include

- Special School Nursing Review as part of review of the 0 – 19 pathway
- Care Home Strategy development
- Maternity services transformation
- Workforce transformation

Patient Story

A patient story was presented at December's Quality and Patient Experience Committee which described a parent's experience of the Child and Adolescent Mental Health services. Both positive and negative experiences were relayed and it stimulated further discussion about the impact of these services for the whole family.

Quality in Primary Care

Unity Practice

Unity has been rated as 'Inadequate' by the Care Quality Commission (CQC) on 23 May 2018 and placed in special measures. Subsequently, CQC re-inspected the practice on 18 September 2018 and the restrictions on new patient registrations were lifted.

Unity is continuing to fully engage with the CCG and is responsive to all offers of support and subsequent improvement. The practice is currently recruiting to a partner (nurse or GP) and a Lead Nurse and the NHS England (NHSE) Medical Team is supporting Unity review their clinical leadership.

The practice will be re-inspected in the New Year.

Measuring Quality in GP practice

The CCG have developed a CQC self-assessment process which supports practices' readiness for CQC inspections. All practices have now received the self-assessment and feedback has been positive.

Communication of the initiative and engagement with practices is essential and CCG staff have attended locality meetings and are planning to attend the practice managers meeting to ensure that GP practices are aware of the self-assessment process.

In the first six weeks a quarter of practices (7) returned their self-assessment with 4 of those practices requesting table-top reviews. Four practices have had CQC inspections since the programme started.

Early themes emerging are:

1. Systems for incident reporting are in place but consideration is not always given to undertaking a Significant Event Audit (SEA).
2. Unexpected deaths are not routinely included as part of the SEA programme.
3. Processes for identifying patients who may be in the last 12 months of their lives are not always in place, therefore practices are not confident that all patients expected to die are included in their palliative care or Gold Standards framework registers.
4. Consideration is rarely given to understanding how many patients with non-cancer conditions should be included on the palliative care register.
5. Processes for identifying and supporting carers are improving and there is recognition this is a priority but there isn't always a robust process for doing so.
6. Governance structures could be stronger with greater emphasis placed on this by Partners.
7. Recognition of potential sepsis and training for all staff has taken place across all practices that have completed the self-assessment thus far.
8. Pain tools and pain assessments adapted for patients who have difficulties with communication have not been available – these have been sourced from the pain nurse specialist in secondary care and are now shared with all practices.
9. Systems for following up patients with poor mental health who fail to attend or fail to collect medications could be more robust.
10. Understanding staffing strengths and weakness and skill mix is high on most practice's agendas.

The Quality and Nursing team will continue to monitor the themes and trends from the CQC self-assessment. In response an improvement plan is in development to address any gaps that have been identified.

Feedback from those practices that have had a CQC inspection following completion of the self-assessment and table-top review has been positive. All practices that have carried out the self-assessment tool have found it helpful and allowed them to focus on where their gaps were and address these prior to the inspection.

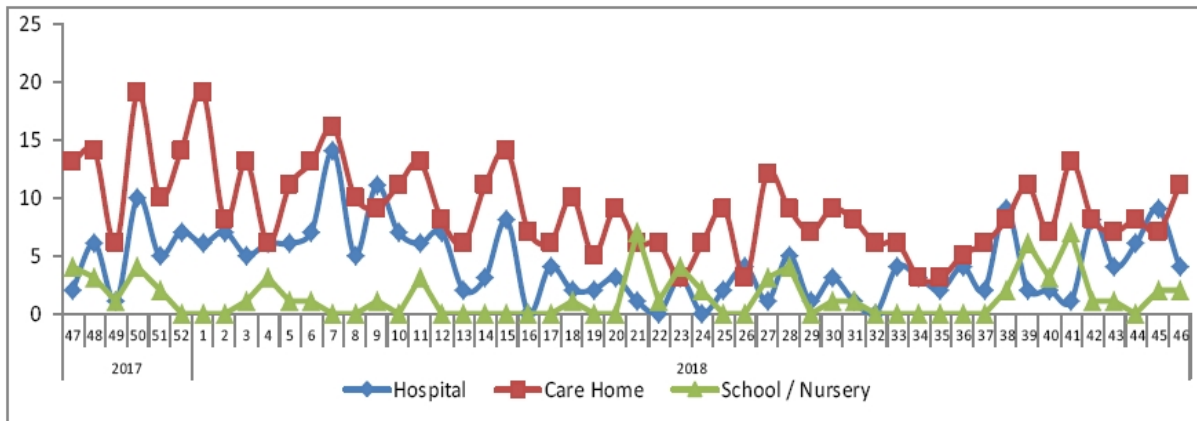
Infection Prevention & Control (IPC)

As a result of challenges in recruiting to senior Infection Prevention and Control nursing positions in York Teaching Hospitals NHS Foundation Trust (YTHFT) the decision has been made to re-advertise at a later point due to a lack of available specialist nurses and other providers recruiting at the same time. Whilst this is a concern as norovirus has started to affect patients both in and out of the hospital setting the existing team are working hard to continue to provide support. However senior nursing expertise is needed to ensure organisational leadership to support improvements in the overall infection prevention agenda.

Norovirus Yorkshire and Humber overview

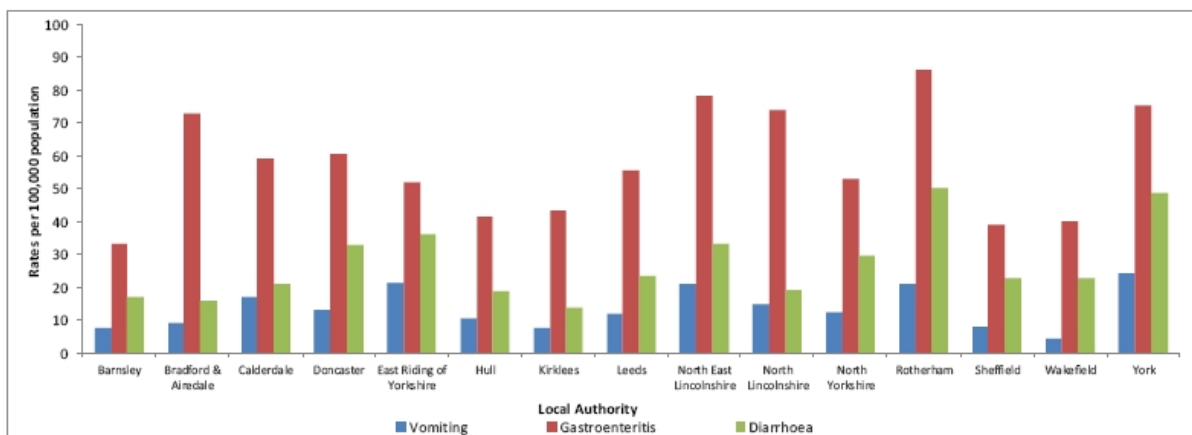
In Yorkshire and Humber the number of reported outbreaks of viral gastroenteritis is increasing. As demonstrated below the majority of these occurred in healthcare settings.

Graph: Trends by week (up to 18/11/18) in suspected and confirmed viral gastroenteritis in key settings – hospitals, care homes, schools and nurseries in Yorkshire and the Humber



GP in-hours consultation rates in Yorkshire and Humber for vomiting and diarrhoea remain below expected levels for the time of year. Laboratory reports of norovirus are well below seasonal expected levels. However, laboratory reports of rotavirus increased at the beginning of November and are above seasonal expected levels.

Graph: Vomiting, Gastroenteritis and Diarrhoea Rates per 100,000 population, 5-11th November by Local Authority (Source: Syndromic Surveillance)



Local norovirus overview

York hospital has been affected by norovirus which has impacted on patient flow and bed capacity. The virus was thought to have been brought in to the hospital by a visitor who was unwell whilst on a ward and declined to leave when requested. Several York nursing and residential homes have also been affected. The community infection prevention team provide support to the home on the management of the outbreak every other day, check all infection prevention measures are in place plus an outbreak management pack has been provided.

Serious Incidents (SIs)

Key Issues from provider Trusts

York Teaching Hospital Foundation Trust

Serious Incident Learning - Update

The CCG has experienced long term challenges from YTHFT in both timely responses to queries raised by the CCG on completed SI reports and further assurance on embedding of actions. Significant improvements have occurred due to the engagement and commitment to collaborative working demonstrated by the Deputy Director of Patient Safety. This risk has now been archived on the CCG risk register. The number of outstanding queries on older SIs is reducing with none outstanding further back than 2017, and although the progress previously had been slow the Deputy Director of Patient Safety has committed to address this. The delays were due to difficulties for the Trust SI team in obtaining answers to CCG queries from investigators who have clinical commitments. As the Deputy Director of Patient Safety attends the Trust SI panel she has been able to answer CCG queries of recent reports so moving forward assurance and responses will be more contemporaneous.

Never Events (NE)

Multi-site assurance visits to theatres have occurred subsequent to CCG concerns following some Never Events. No further Never Events have occurred. The Head of Quality Assurance spent a day in a number of theatres at York site to witness the WHO checklist and Safety briefs in action, as well as talk to staff to explore confidence in 'speaking up' and gain their opinions on the safety processes and documentation. She also spoke to some patients about their experience and how the checking processes felt for them. The Head of Quality Assurance observed safety procedures in many different theatres with differing teams and was assured. What was witnessed was evidently embedded practice and procedure, a fact emphasised by the fact that the schedule for the theatres visited was flexible and amended dependant on the ongoing activity on the day.

A new theatre pathway documentation booklet containing checklists and counts was seen in action and it was positive to hear that the second iteration had been adapted slightly following staff feedback, demonstrating teams' commitments and engagement with the organisations improvement work. Speaking to theatre staff demonstrated a clearly committed and compassionate workforce who understood and valued amendments to documentation and none would have had a problem with challenging any colleagues if they had any safety concerns.

Different staff groups led the briefs and checks in different theatres with some staff interested in the visit and the CCG's function and role which was helpful to be able to discuss with frontline staff.

All the patients met on the day spoke very highly of the staff and their experience. They felt safe and well cared for.

Colleagues from East Riding CCG have visited Bridlington theatres very recently and found the same level of consistent high standards, strong sense of team work and dignified patient care.

As there was no orthopaedic activity on the day of either visit a repeat is being organised.

Tees, Esk and Wear Valleys Trust (TEWV)

TEWV continue to be responsive to any quality questions or concerns. The quarterly quality meeting has not taken place since the last report but is scheduled for Monday 3rd December.

The organisation was awarded 'good' overall in its recent CQC inspection, with Effective, Caring, Responsive and Well-led rated 'good' and Safe rated as 'requires improvement'. This was due to the CQC stating that risks were not always managed effectively. This was in relation to both direct patient care planning and risk management and environmental assessment of risk, e.g. ligature assessment. More detailed clarity and assurance on applicability to York and Selby will be requested at the next Quality meeting with TEWV.

Following concerns raised regarding mental health service provision by some Vale of York GPs, a productive meeting took place attended by two GPs, the Head of Quality Assurance, TEWV Director of Operations and York and Selby and Head of Adult services.

A summary of concerns and proposed actions was agreed which were:

- Getting access to a senior clinician by telephone to discuss potential medication changes allowing GPs to complete this following telephone consultation without need for referral for medication review
- Confirming standards for communication to GPs following Crisis assessments either by the Crisis or Liaison teams
- Proposed simple changes to referral and GP letters
- How relationships between primary care and our teams are managed
- Improving communication to GPs re service model changes such as CAMHS group work to allow GPs to help manage response from patients and carers, and flag issues or concerns
- Clarity re names and phone numbers for those involved in a patients care to allow the GP to know who to contact to discuss cases

Waiting times for Children and Adolescents Mental Health Services (CAMHS) and Improving Access to Psychological Therapies (IAPT) continue to be an issue impacting on patient experience and quality.

Primary Care Incidents

As reported previously a Serious Incident and a Never Event have been reported in primary care. The Never Event related to an overdose of methotrexate and the investigation is complete. This has been shared with the patient who has responded to express gratitude at the diligence of the CCG in pursuing this investigation, is assured that the recommendations are adequate and has confirmed a full recovery has taken place.

Additionally, assurance has been provided from secondary care that recommended actions are already being implemented. The final report in response to the never event was approved at QPEC in December.

Proposals to support incident reporting and management in primary care are underway

Screening and Immunisations Update

Influenza (Flu)

The flu campaign is well underway and as expected the supply and delivery schedule of the adjuvanted trivalent vaccination (aTIV) for over 65 year olds has presented significant challenges. The national message remains that there is adequate supply across the country and Public Health England have asked CCGs to support the movement of stock around the system. All practices have been asked whether they anticipate either needing additional supplies or have any excess doses. So far three Vale of York surgeries have been supported to obtain additional doses, some from the drug manufacturer and some from surgeries in North Yorkshire who had an excess supply.

Influenza activity overall in the UK and Europe is currently low at time of reporting. The Public Health England Respiratory Virus Unit has characterised 3 influenza A(H3N2) viruses; 5 influenza A(H1N1) with one Influenza B virus detected so far. Genetic characterisation of the A(H3N2) viruses shows that they belong to the same genetic subclade that is contained in the 2018/19 influenza A(H3N2) vaccine and characterisation of the influenza A(H1N1) viruses shows that they all belong to the same genetic subgroup predominant in the 2017/18 season. The one influenza B virus belongs within the same lineage present in the 2018/19 quadrivalent and trivalent vaccines.

Uptake data at the moment appears to be lower than at this point last year but the issues with aTIV supply may have impacted on the number of opportunistic vaccinations done which in some practices was a large number.

Following concerns raised regarding the wholesale licence agreement in relation to District Nurses, who are YTHFT employed, vaccinating housebound patients on behalf of GPs a local agreement was made between the two services and District Nurses have been vaccinating patients.

The school immunisation services across North Yorkshire and Humber are reporting clinics working better this year, with high uptake and clinics fully booked resulting in additional clinics being organised. Consideration is being given to the possibility of Saturday clinics which has proved successful in Leeds. Dates of all clinics have been sent to primary care which has been helpful for practices to be able to advise parents.

Uptake of flu vaccination in the 6 month-2 year at risk cohort remains poor. As the numbers of children are small practices have been asked to check read codes to

ensure those identified do still meet the criteria and the specialist paediatric nurses at YTHFT have been reminded of their responsibility in promoting the vaccine in eligible children they see.

Staff flu vaccination

NHSE has recently made available a one-off payment to Local Authorities for the purpose of immunising care staff who are either directly employed by City of York Council (CYC) or who are contracted by CYC, this can include any volunteers and reimbursement is being offered when payment has already happened. CYC are utilising vouchers but acknowledge due to the inability to monitor how many are utilised monitoring uptake of actual vaccination is impossible. CYC report a 50% increase in uptake in their staff already.

Information on NYCC plans have been requested.

Information has been requested from providers on the uptake of staff vaccination which forms part of the CQUIN.

Cervical Screening

There have been two incidents recently affecting cervical screening. A national issue resulted as a failure of Capita to send out reminders or results for a large number of women. Affected patients and their GPs have been informed and at present the CCG has no further details.

An incident at North Lincolnshire and Goole Trust led to women not receiving results.

District Nursing Large Scale Change

The Lead Nurse and Head of Community Services attended QPEC to present their plans for District Nurse transformation in line with the need for improved quality across the service, workforce requirements and integrated care. The Committee agreed to linking this work to the developing Community Services Strategy and will keep Community Services updated.

Quality Assurance from other providers

Yorkshire Health Solutions

Quality concerns were raised by the radiology department at YTHFT regarding the quality of images and duplication of investigations due to issues accessing images. A positive meeting with Yorkshire Health Solutions has taken place with the CCG supporting productive working relationships and communication between the two providers and ongoing quality monitoring schedules planned.

Patient Experience Update

Vale of York CCG Complaints

19 complaints were registered in the CCG during September and October 2018:

- 14 complaints related to the new questions being asked to establish eligibility for the Patient Transport Service (PTS) provided by the Yorkshire Ambulance Service (YAS).
 - The criteria for patient transport has not changed (set by the Department of Health & Social Care), however, patients are now being asked a different set of questions to ensure that it is robustly applied so that resources are available for patients with a medical need. Each request for transport is assessed independently and, even if patients have received transport in the past, they may not be eligible for future journeys unless their circumstances change.
- The complainants provide additional information as to why they feel they do meet the criteria for NHS-funded transport and this is reviewed in conjunction with the initial PTS assessment. 7 of the 12 complainants were found to be eligible and transport was re-instated, usually with re-assessment in three months.
- 3 complaints related to communication/information and delays regarding Continuing Healthcare (CHC). 2 of these complaints were upheld, 1 is still on-going.
 - 2 complaints were about the eligibility criteria for podiatry services. These complaints were not upheld.

Parliamentary & Health Service Ombudsman (PHSO)

The CCG has been notified of 6 new cases that have been referred to the PHSO. 3 complaints related to CHC, 2 from patients unhappy with the BMI policy for elective surgery and 1 was a joint agency complaint also involving a GP Practice and York Teaching Hospital NHS Foundation Trust.

Copies of the complaint files have been sent and we await decisions from the PHSO.

The PHSO investigate complaints where someone believes they have suffered an injustice or hardship because an organisation has not acted properly, or has given a poor service and not put things right. If they find that an organisation has not taken appropriate action to resolve a complaint, they will make recommendations on how they can do this, sometimes this involves offering financial remedy. The PHSO have now published guidance on this with a scale of 1 (low level impact – nil amount) to 6, the most serious cases involving devastating or irreversible impact with a remedy amount of £10,000 or more.

Vale of York CCG Concerns

166 concerns/enquiries were managed by the Patient Relations Team, these cover a wide ranging variety of topics, some of which may be relatively straightforward to answer or resolve, but many are more complex cases requiring investigation.

The Patient Relations Team also regularly review YOR-Insight for postings. YOR-Insight is a soft intelligence tool (accessed via the CCG's website) for primary care staff to share insights and feedback about gaps in service, issues or good practice.

Feedback raised via YOR-Insight is added to the Patient Relations database and reviewed and monitored in conjunction with other feedback to help identify potential themes and trends.

Recent contacts to the CCG include:

- 23 contacts were from a persistent contactor which required no further action.
- 23 concerns/enquiries were about the transfer of the anti-coagulation/warfarin monitoring service to primary care.
- 9 contacts relating to referrals.
- 8 concerns/enquires about CHC
- 36 contacts were signposted to other organisations for help and advice.

CCG activity for all types of contact during September and October is shown in the pie chart at the end of this section.

Compliments

- The Patient Relations Team received 2 compliments – one from a wheelchair user who was grateful for their liaison and intervention with the wheelchair provider and one from a PTS complainant who thanked them for their consideration and sensitivity whilst handling their complaint.
- The CCG received positive feedback about the commissioning policy for FreeStyle Libre (glucose monitoring system).
- A staff member at a GP Practice gave positive feedback regarding the On-line Prescription Ordering System (ONPOS) implemented by the CCG's medicine management team.

Action arising from complaints/concerns

- The Patient Experience Lead, Head of Engagement and Head of Transformation & Delivery, met with a patient who had complained about the eligibility criteria for patient transport. It was a mutually beneficial meeting; it was valuable for staff to listen to the patient's personal experience and the patient commented that they now had a far better appreciation of ensuring PTS is protected for those who need it the most. They offered some constructive comments and observations which have been shared with YAS colleagues to inform future discussions and review of the eligibility questions.
- A GP Practice advised the CCG that they had experienced a delay in being informed when patients die in hospital. The Patient Relations Team liaised with hospital staff who explained the process and confirmed it had been followed on this occasion. Ward staff inform GP Practices of patient deaths as soon as possible by telephone

and this is followed up by letter. Unfortunately the documentation does not prompt for the name of the individual who has received the telephoned information. This is something that will now be documented in both the ward records and the patient record.

Other Sources of Patient Feedback

These include Healthwatch, Friends & Family Test, Care Opinion and the NHS Choices website. Providers (in primary and secondary care) review themes, trends or potential issues, in conjunction with formal complaints and concerns made directly to them, so that themes and trends can hopefully be identified early, escalated and resolved where possible. Below are the current hospital ratings available at the time of writing, based on feedback by users on NHS Choices. Providers not listed have not yet been rated. GP Practices are listed individually on the website.

| Hospital | Rating (out of a score of 5) | Number of ratings |
|---------------------------|------------------------------|-------------------|
| York | 4.5 | 227 |
| Scarborough | 4 | 103 |
| Bridlington | 5 | 24 |
| Clifton Park | 5 | 16 |
| Whitecross Rehabilitation | 5 | 1 |

Healthwatch York has been asked by residents to look into experiences (positive and negative) of changes to services over the last 12 months, these include:

- Anti-coagulation service
- Improving Access to Psychological Therapies (IAPT)
- BMI & smoking thresholds for elective surgery

Healthwatch North Yorkshire (HWNY) is working on 3 projects:

- Working with the staff of Scarborough Hospital to gather information about delayed transfers from Ambulance care.
- Working together with the Tees, Esk and Wear Valley (TEWV) NHS Trust to ensure that care plans are personalised and accessible to service users.
- Investigating the various reasons for patients missing GP appointments. HWNY aims to have this as a volunteer-led project.

Healthwatch East Riding's top 5 priorities are:

- Maternity services
- Communication to the public
- Patient passports
- Working in the community
- Residential care

Patient Engagement Update

Patient stories – forward plan 2018/19

As part of commitment to ensuring the patient, carer and public voice is heard within the organisation, we present a patient story as a regular item at the start of each Quality and Patient Experience Committee (QPEC).

Within the 2017-18 year we heard a patient story from a parent carer, a family member of a resident of a care home who was part of the continuing healthcare assessment and the voice of child in care.

Below is a table to illustrate stories that have been presented, and future themes for the agenda.

| Date | Patient story theme | Presenter | Medium | Comments |
|---------------|---|---------------|------------------|-----------|
| December 2017 | Parent carer and special schools services | Patient 1 | Video | Completed |
| Feb 2018 | Safeguarding children | Karen Hedgely | Person and video | Completed |
| April 2018 | Continuing Health Care (CHC) | Patient 2 | Person | Completed |
| June 2018 | Tommy Whitelaw | Sarah Fiori | Video clip | Completed |
| August 2018 | Mental health | Patient 3 | Person | Completed |
| October 2018 | EOLC story | Jenny Brandom | Passage read out | Completed |

Future themes

- CAMHS
- Care home – staff/resident
- Maternity services
- Accessing services with a learning disability

Patient story action plan:

Names and initials:

- Jenny Brandom (JB)
- Victoria Binks (VB)
- Karen Hedgely (KH)
- Leo Stevens (LS)
- Denise Nightingale (DN)
- Michelle Carrington (MC)
- Debbie Winder (DW)

Story one: Parent carer patient story, December 2017

| No. | Details | Lead officer | Date | Progress |
|-----|---|--------------|-------------------------------|-----------|
| 1. | Arrange follow up meeting with patient one to discuss next steps | JB and VB | Meeting held in February 2018 | Completed |
| 2. | VB to arrange for copy of video to be sent to patient one | VB | May 2018 | Completed |
| 3. | Patient one to be placed in touch with the team within social services regarding a number of communication issues and feedback regarding transition in services | JB | | Completed |
| 4. | Place patient story on website | VB and LS | By July 2018 | Completed |
| 5. | Place patient story piece within the engagement annual report | VB | By April 2018 | Completed |
| 6. | Arrange a meeting for December 2018 to look at one year one | VB | Dec 2018 | Completed |
| 7. | Patient one meets with Karen McNicholas to feed into work on transition | KM | Nov 2018 | Completed |

Story two: Safeguarding children, February 2018

| No. | Details | Lead officer | Date | Progress |
|-----|---|--------------|---------------|-----------|
| 1. | Place patient story on website | VB/LS | By July 2018 | Completed |
| 2. | Place patient story piece within the engagement annual report | VB | By April 2018 | Completed |
| 3. | Karen Hedgley to provide future feedback of engagement to VB | VB/KH | On-going | On-going |

Story three: Continuing Health Care, April 2018

| No. | Details | Lead officer | Date | Progress |
|-----|--|---------------|--------------|----------|
| 1. | Arrange follow up meeting with patient two to discuss next steps | JB and VB | July/August | Complete |
| 2. | Collate trends and feedback from patient relations on CHC to triangulate with patient story feedback | VB | April 2018 | Complete |
| 3. | Pass on feedback from patient story and comments to Denise Nightingale (Denise Nightingale) Executive Director for Joint Commissioning | VB and JB | May 2018 | Complete |
| 4. | Provision of provide some context around improvements with CHC team, to share with patient 2. | DN, VB and JB | October 2018 | Complete |
| 5. | Arrange visit to CHC team to share patient feedback with nursing team. | VB/JB | July 2018 | Complete |
| 6. | Dedicate item on future QPEC to CHC as per minutes to April QPEC | JB/MC | TBC | On-going |

Story four: Mental health services, August 2018

| No. | Details | Lead officer | Date | Progress |
|-----|---|--------------|---------------|------------------------------------|
| 1. | Arrange follow up meeting with patient three to discuss next steps. | JB and VB | October 2018 | Complete |
| 2. | Place patient story on website | VB | December 2018 | On-going (still awaiting approval) |
| 3. | Discuss the patient story at TEVV Quality Meeting and raise feedback about perception of carers involvement patient care. | DW | December 2018 | On-going |

End of life care services, October 2018

| No. | Details | Lead officer | Date | Progress |
|-----|--------------------------------------|--------------|---------------|----------|
| 1. | Place patient story on website | VB | December 2018 | On-going |
| 2. | Story to feed into new EOLC strategy | VB | December 2018 | Complete |

Engagement update

During October and November colleagues within the CCG have listening to the views of service users and involving patients in improving services through many different channels.

Patient transport services

Our patient relations team and a member of the commissioning team invited a lady who raised concerns about the recent changes to patient transport services to meet with them to talk about her views. She discussed areas that were working well and where she felt that improvements could be made to some of the questions asked when booking transport.

It was a really positive meeting and the service user was pleased to have met individuals from the CCG, especially those who have been involved in the complaint process. It was a good example of inviting in a service user to find out more about their experiences to help improve services.

Parent carers

Over the last month we have met with several parent carers to listen to their experience of health and social care to discuss how services can be improved.

This has ranged from a parent carers workshop, hosted by the CCG, TEWV and the City of York Council around the autism/ADHD referral pathway, to individual meetings with parents of a child with a mental health condition and parent of with complex health needs. Our senior quality lead for children and young people is working with these individuals, to help feed into service improvements and ensure the voice and experience of the child/young person is heard.

End of life care services

As part of our on-going conversation around palliative care, and as part of the development of the Vale of York end of life care strategy for York, we have arranged a number of sessions with clinicians, carers, care homes, service users and the public about experience of end of life care services.

Recently we spent a day at the St Leonard's hospice Sunflower Centre, talking to patients with a life limiting illness, their families, people who have recently lost loved ones and volunteers. It was a very insightful session, as speaking to people with lived experience is very powerful. In addition we held a public facing event on 22 November, chaired by Dr Dan Cottingham.

Themes that came out of the sessions include:

- The importance of having a coordinated approach to care, and having a single point of contact.
- Desire for 24/7 access
- Care and compassion of staff
- Support following a bereavement
- Companionship and sharing through the drop-in sessions
- Advanced care planning and talking openly about dying and death
- Dignity and respect and being treated as an individual
- Including experiences of those living with dementia
- Ensuring preferred place of death

The feedback we have received, whether it was from family members, clinicians, volunteers or someone who is in receipt of services, was rich in personal experience. This information will be used to shape the End of Life Care Strategy and the creation of a Citizen's Charter that aims to improve and further develop end of life care and support services

Self care week

We invited the Vale of York community to contribute their self-care pledges to our evolving health exhibition during Self Care Week 2018 (12-18 November), an annual campaign to raise awareness about the benefits of self-care and what people can do to take care of their own health.

We asked members of the public find out more about how they can take steps to improve their own health and wellbeing, and make a pledge that detailed what they aim to do (or stop doing) to improve their health and wellbeing.



Stop the pressure – awareness campaign

Pressure ulcers are a major cause of harm and distress and can have a huge impact on a patient's quality of life leading to increased pain, risk of infection, depression and even death.

The CCG is supporting carers to provide the best possible care and it is participating in the NHS England React to Red initiative. This work focuses on supporting Vale of York care homes, carers and domiciliary agencies.

To raise public awareness of this important topic, members of the CCG's Quality and Nursing Team Chris Pomfrett, Sam Varo and Helen Degnan donned their superhero outfits to talk to shoppers in Tesco Askham Bar on International Stop Pressure Ulcer Day (15 November). They spoke to over 200 shoppers to help raise awareness and talk about prevention.



Care Homes and Adult Safeguarding Update

Stamford Bridge Beaumont – Barchester – EMI/general nursing – capacity 104. Phased admissions still in place.

Alne Hall York – Leonard Cheshire – nursing/physical disabilities, capacity 30, occupancy 24/25. Suspension fully lifted following positive assurance visit in October.

Amelia House – York – Tamaris (England) Ltd (Four Seasons) – has closed completely.

Moorlands – York – Astonbrooke – capacity 68 – has closed completely – last resident moved out at the beginning of November.

Fernbank Court, Selby – extra-care facility managed by North Yorkshire County Council. Safeguarding enquiry in progress following injuries sustained by a resident who fell from a hoist. Resident was receiving palliative care. The Coroner has accepted that the fall did not play a part in the person's subsequent death. The Care Quality Commission are investigating the case.

Quality in Care Homes

Joint approach to support care homes and the domiciliary care sector

The Senior Quality Lead aims to play an active role in work that prevents non elective admissions. This includes support for domiciliary care organisations as well as Care Homes.

Quality Leads from NHS Vale of York CCG (VoY CCG) and Scarborough and Ryedale CCG (SRCCG) continue to work closely, ensuring a joined up approach to engage all stakeholders in work pertaining to Care Homes and Domiciliary Care. Work plans are aligned identifying common themes to maximise impact. Aimed at preventing unnecessary admissions from care homes and promoting flow/ discharge, key schemes include the Capacity Tracker Tool, mental health support, the 'Red

Bag' initiative, 'React to Red', falls prevention, advanced care planning and identification of the deteriorating resident.

Representation at the Complex Discharge Steering Group and Unplanned and Emergency Care Steering Group continues.

'Capacity Tracker' (previously known as the Care Home Bed State Tool)

This is described as a 'web based capacity portal' developed by NECS North of England Commissioning Support) in conjunction with NHS England North region and is aimed at reducing delayed transfers of care. The tool has been procured by NHS England and is free. It aims to enable care homes to share 'real time' bed availability with NHS providers and Local Authorities. The tool is live and progressing alongside implementation in the East Riding CCG (ERCCG) and SRCCG. The NHS VOY CCG is leading on this initiative for the Vale of York with support from colleagues in North Yorkshire County Council (NYCC), City of York Council (CYC), East Riding County Council (ERCC) and York Teaching Hospitals NHS Foundation Trust (YTHFT). At the current time the uptake of homes is 83% (53 residential and nursing homes with 44 registered, this excludes Learning Disability homes). The VOY CCG is contributing towards a user group to inform on development of the tool and to support adoption and spread. Capacity reports which can be pulled from the system are not included in this paper as the data is not reliable at the moment due to reporting anomalies. NECS aim to trial the tracker for use with domiciliary care agencies and potentially develop public access. There has been an ask for all CCGs to be using a web based tool by January with a minimum of 50% inputting data weekly. Currently 28% updated in the last week when this paper was written.

As part of the winter resilience plan the use of the tracker is advocated by NHS England and it is important for teams to play a concerted effort in embedding the use of the tool. Escalation to the Complex Discharge Group and NHS England to galvanise support from all stakeholders has been flagged. NYCC colleagues are supporting CYC with aspects of implementation to help facilitate use.

The Senior Quality Lead has collaborated with NHS England to facilitate a review of this work which can then be used for learning when implementing in other areas. This will be an important part of the evaluation for the work stream. Regular meetings with the NECs team also help facilitate and maintain momentum to the project. The use of the tool to assist in major incidents and times of crisis is to be further explored.

Hospital Transfer Pathway

The Red Bag initiative continues to progress jointly with SRCCG to ensure the plan for roll out is safe, effective and sustainable. It is anticipated that a solution will be in place by the end of December to ensure timely flow of information across the admission and discharge processes. Due to a number of challenges the project has required further time for completion.

Identification of Deteriorating Residents

A Quality Improvement project to support the early identification and communication of deterioration in care home residents is now progressing. Currently 4 homes are engaged with this pilot and it is anticipated that the speed of spread will be increased following positive findings. This includes the use of a softer signs tool combined with National Early Warning Score (NEWS) and Situation, Background, Assessment, Recommendation (SBAR) communication tool. Supported by the Improvement Academy it is anticipated to build on work published by Wessex Academic Health Science Networks (AHSN) and include sepsis awareness. There are already early examples where the tool has supported early intervention for residents. A paper containing case studies is being written to demonstrate early findings and impact. A bid for funding was submitted in June via the Q community and was amongst a final shortlist of 25 projects. Following a presentation and voting process by peers on September 19th 2018 the Health Foundation awarded 30K to support the work. The bid has generated interest from across the Q Community with a number of supportive messages continuing to be received recognising the value in this area of work. The bid hopes to achieve support for extending scope of identification of deteriorating residents work into the domiciliary care setting. Preliminary work has commenced, collaborating with a domiciliary care agency who employ 120 staff and have an education centre willing to support implementation. Offers of help to convert the tool into an app and support from across the country have been received.

This work will aim to incorporate work regarding sepsis awareness amongst social care staff. From this money another 0.5 wte project nurse will be appointed to facilitate the work.

End of Life Care

Joint work with colleagues from the Hospice and the Acute Trust to support provision of end of life care training is to progress. This aims to ensure training is accessible and content standardised to staff within social care. The Senior Quality Lead also attends meetings to support and shape service provision across the CCG.

Falls

Focussed support for reducing falls in a care home continues which includes Safety Huddles. A number of homes have expressed an interest in becoming involved in this work and the Quality and Nursing Team are working with them.

The Senior Quality Lead is an active member of the Virtual Development Group for the NHS England Falls programme which will publish falls guides for care homes in the near future.

Opportunities are being explored for funding programmes of work relating to prevention of falls both within care homes and in the wider community in collaboration with stakeholders from the universities, YAS and Public health. A workshop will be held on Jan 30th to map all current work streams and identify actions to be progressed.

The Senior Quality Lead has been invited to participate in a falls collaborative to be run by YAS. This will ensure the CCG are part of the falls work in community.

It is hoped that links between YAS and the Vale of York CCG may be strengthened and in particular link the Clinical Leadership Fellow posts from each organisation to develop joint working and increase capacity.

React to Red

All 81 care homes across the VOY have been offered the opportunity to participate in the React to Red programme (2 have subsequently closed after all the staff received training).

62 care homes and 2 extra care housing schemes are participating in React to Red. This includes approximately 1715 eligible staff, of which 1472 (86%) have been trained.

32 care homes and 2 extra care housing schemes have achieved full sign off with all staff trained and competent. Certificates have been awarded to recognise the success.

3 domiciliary care providers are taking part in React to Red and educational sessions have been delivered to tenants in 5 sheltered housing complexes

15 learning difficulty/mental health care homes declined, due to it not being appropriate for their client group. This is reasonable as the clients are active and mobile with very low risk of pressure damage. These homes are supported living and staff were given pressure ulcer prevention advice.

2 care homes have declined to take part in the programme despite encouragement. Resources have been offered and contact details provided in case of future training requirements. The local authority has been made aware of homes declining to engage.

Post training evaluation continues to be positive with care staff reporting the training as easy to understand, improving baseline knowledge of pressure prevention, recognition and actions to take. Many homes are making pressure ulcer prevention training mandatory for care workers at induction and as part of an annual refresher.

The training requires intense support for homes to succeed and there is one full time project nurse leading the training and an assistant who works 2 days per week to support, the team aim to complete by April 2019.

Closer links have been established with the District Nursing teams who are supporting and encouraging the programme within Care Homes which enhances sustainability.

A poster previously accepted at the Tissue Viability Conference and Patient safety Congress earlier this year was displayed at the Wounds UK conference in November 2018. This poster demonstrates the work of implementing React to Red through Safety Huddles in Care Homes across the VoY CCG. This event coincides with the international pressure ulcer awareness campaign which the Quality and Nursing team recognised. Following this conference two journals have approached the

Senior Quality Lead with requests for articles to publish regarding this work. This is currently sat with the editorial boards.

International Stop the Pressure day was held on November 15th, 2018. The Quality and Nursing Team had a stand in Tesco to raise awareness of pressure ulcer prevention to the wider community. The team spoke to over 200 people about the importance of skin health and pressure ulcer prevention. Many of those who engaged had experienced previous pressure damage or were looking after elderly relatives/parents/spouses. The team also organised a competition in which 2 care homes were recognised for their activities helping raise awareness of how to recognise and prevent pressure damage.

Mental Health

Mental health support in care homes is important particularly as there will be a loss of beds due to reconfiguration of services in 2020. The Mental Health Services for Older People Team are working with the Senior Quality Lead to shift focus to prevention of admissions for those experiencing mental health issues in care homes and explore how care homes can be better supported to care for residents at home. A workshop will be held on December 10th and care home managers are invited to share their ideas for how they might be supported with caring for their residents and preventing unnecessary admissions. This will aim also to prevent delayed transfers of care and out of area transfers. It will inform on how the mental health service can best respond to the care homes challenges.

The Mental Health Services for Older People Team are a valued stakeholder who support the work of the CCG in engaging with care homes to promote care at home and this is exciting work. The team actively support in many aspects of the care home work programmes and contribute towards project plans ensuring mental health of those in care homes and domiciliary settings is considered.

Care Home Engagement

The Senior Quality Lead continues engagement to understand priorities of the different care homes and identify where support can be offered. This work ensures the care home strategy continues to reflect residents and carer's priorities, sharing progress and celebrating achievements. A refreshed work plan for 2019/2020 is currently under development. Care home managers contact the senior Quality Lead for support when faced with challenges associated with the care of residents, these relate to various reasons including medication, training, discharge, equipment. Referral pathways, CQC and safeguarding issues, safety alerts.

The Partners in Care Forum

The Partners in Care forum continues and is valued by all those who attend as an effective means of communication and building positive relationships. The November meeting had a full agenda with good attendance from all stakeholders, colleagues from Health and Social care presented on a range of subjects. Since last November (5 meetings) there have been 42 individual attendances from 22 different providers. The last meeting had the highest provider representation since last November.

The Partners in Care Lessons Learned Bulletin continues bimonthly with contributions from the social care sector to ensure it is relevant and appropriate to the audience. The next edition will incorporate learning from an incident where a fire occurred in a care home within the Vale of York. The team have been praised by the emergency services for their response and it is anticipated sharing of the learning will be of great value. The next meeting is scheduled for January and a weekly bulletin continues to ensure updates for messages are communicated in a timely manner with a user friendly approach.

Engagement with Primary Care

The Senior Quality Lead has been invited by a GP in the South locality to be involved in considering different models of working to improve the efficiency of support offered to care homes by the practice. A trial will commence in the beginning of December to improve accessibility to OT, Physio, dietetics and SALT teams by care home managers. Referral process will be reviewed with a cohort of care homes. The identification of deteriorating residents work will be part of this offer to the care home and aims to link with the care home pharmacists once appointed. The use of softer signs tool and improving communication between health and social care staff also has the potential to be integrated in discharge process and with informal carers. Training dates have been identified before Christmas and aims to support carers particularly over the Christmas period.

In the centre of York the integrated Care team are currently involved in a project to support care homes in early response from the GP teams. MDT visit care homes and perform ward rounds with the aim of faster response. This has been supported by the Senior Quality Lead in the beginning who continues to link with the team and offer support where required

Health and Social Care Joint Working

The Senior Quality Lead continues to link with local authority colleagues as required to support action and improvement plans or where concerns are raised. This continues to be proactive and supportive to the care homes, ensuring appropriate interventions can be facilitated. The Quality and Nursing team have contributed to supporting recent care home closures and CQC meetings where homes have had 3 requires improvement outcomes.

NYCC have appointed a Quality Improvement Team and opportunities for joint working are being actively explored. This is facilitating joint work and support for programmes such as identification of deteriorating residents. All homes with a NYCC funded resident can access the team who are supporting improvement. This is work that has been praised by the CQC and feels like true joint approach to supporting care sector colleagues.

Workforce Development within Social Care

A bid for funding from HEE for a Clinical Leadership Fellow has been successful and 100% funding has been awarded. The post is currently advertised with interviews scheduled for January. This is an innovative opportunity for an exciting development role which will increase capacity within the CCG and ability to progress improvement work and impact on clinical outcomes.

The Senior Quality Lead will be supporting a local care home manager in establishing a task and finish group who aim to agree a charter of standards. The charter will articulate standards that can be expected from the homes involved. This ambition is to address promotion of positive perceptions locally of the care home sector with NHS colleagues and other stakeholders. It links with the national recruitment campaign and the Humber, Coast and Vale Excellence Centre promoting health and social care sector as a positive working environment.

The Transforming the Perceptions of Nursing and Midwifery programme was announced by CNO, Professor Jane Cummings at her summit in March 2017. The purpose of the programme is to transform the perceptions of nursing and midwifery across the system toward the future such that nursing and midwifery are seen as aspirational careers of choice with limitless possibilities both for new and existing workforce. The Senior Quality Lead along with a care home manager from the NHS VOY CCG will become nursing ambassadors to represent and promote this within the care sector.

Work with the Humber Coast and Vale Excellence Centre continues. The Senior Quality Lead is a member of the delivery group and the partnership forum. This allows representation of the CCG and helps shape development of the social care workforce across the region. The Senior Quality Lead is engaging in work to develop rotational apprenticeships. A conference was held in November to showcase the Humber Coast and Vale Excellence Centre.

Support for managers with staffing issues continues as required. Often care managers will approach the Senior Quality Lead with queries regarding professional nursing concerns.

Equipment Selection in Community

Work to ensure the quality perspective and good governance processes are integral in the commissioning agreements for equipment is being led by the Chief Nurse for Hambleton, Richmondshire and Whitby CCG.

The Senior Quality Lead continues to chair a sub group of the Equipment Review Group (ERG) to consider provision of mattresses and seating. It is anticipated this should be for a period of 12 months to realise financial savings associated with the appropriate selection and use of mattresses which account for 50% of the spend. This work is at pace to ensure equipment provision particularly across the winter period is not compromised.

A case study looking at the benefits of using the Mercury Hybrid mattress within a Nursing Home commenced in December 2017. The findings have been written and a poster presented at the Wounds UK Conference 2018 this month. A care home setting has not published a study like this as yet and it is hoped will help inform on best practice. A journal has asked for an article regarding this work. This has been submitted and currently with the editorial board of the publication.

Research and Development

Work to support research and develop opportunities and collaboration across stakeholders is progressing through the Research and Development Manager, providing a point of contact within the VOY CCG. This post has recently increased hours to provide cover over 4 days who the Senior Quality Lead line manages.

R&D Local support function to General Practices

The R&D Manager has put in place a process for reviewing new research projects coming into the Vale of York CCG to provide assurance to GP practices. This will help to embed the work of the R&D Manager within the Vale of York CCG general practices.

Excess Treatment Costs (ETC)

The process for managing ETCs is now clear and during the assurance process the R&D Manager undertakes a review of research costs and any ETCs are highlighted to practice managers through the assurance process, above and direction is provided.

Promotion and Supporting Research Locally

The R&D Manager continues to support the local research partners and arranges publication of good news stories, new research projects information and promotion of local research events through the VoY CCG Communications team.

Providing support / advice & guidance to primary care practitioners

Guidance is provided to local researchers / general practice teams on whether a proposal is research, and what approvals are / are not required. Support and guidance has recently been provided to a local Advanced Nurse Practitioner who is undertaking an academic project who sought clarification as to whether her project is research, service evaluation or audit. This audit will support the ANPs project but will also provide data to the CCG regarding a new piece of equipment that was funded by the CCG. It is hoped that the data will show a cost/time saving in practice. Further discussion with the ANP will take place once the audit results are received and we will look to see if there is an opportunity to undertake a research project.

Research Partnership Group (RPG) – Promotion of Partnership working

The R&D Manager continues to support the RPG who are working together to collect data / undertake a systematic review around Falls Prevention in Older People. A workshop is planned in January 2019, supported and facilitated by the University of York, to capture information from partners.

Development of SOPs

SOPs are being developed for the administrative elements of the R&D Manager's role i.e. HRA Arrangements in primary care: review & issuing of LOA, Capacity and Capability assessment etc.

Engagement with other R&D offices / partner organisations / Stakeholders

The R&D Manager continues to link with partners, stakeholders & R&D Managers across Yorkshire and the Humber. Invitations have been received to attend Clinical Research Network: Yorkshire and Humber Research and Development Operations meeting, Research and Development Forum Primary Care Working Group etc. This will ensure the VoYCCG is up to date with the changing local & wider research landscape and can add to the development going forwards.

End of Life Care

The December QPEC approved the Terms of Reference for the End of Life and Palliative Care Group. The purpose of the group enables providers and commissioners across the Vale of York to come together to oversee the improved delivery of palliative and end of life care. Partnership and collaborative working are essential core values and integral to successful and sustainable delivery.

Diabetes

Scarborough and Ryedale CCG, Vale of York CCG, Harrogate District NHS Foundation Trust and York Teaching Hospital NHS Foundation Trust

All key stakeholders from Health Trusts and CCGs were involved in the writing bids for the NHS England Diabetes Treatment and Care transformation fund. Full funding was approved in April 2017 for the following bids. The funding for treatment and care was to enable pump priming of current services to update, review and remodel service provision to sustain on-going provision in the care of patients with diabetes.

| Funding Area | Organisations included in the bids |
|---|---|
| Increasing achievement of the 3 NICE recommended treatment targets (HbA1C, BP, and Cholesterol) and offer intensive support to primary and secondary cares most challenging patients. | NHS Vale of York CCG NHS Scarborough and Ryedale CCG York Teaching Hospital NHS Foundation Trust |
| Reduction of amputations by improving access and timeliness of referrals from primary care to a multi-disciplinary foot team (MDFT) for people with diabetic foot disease. | NHS Vale of York CCG NHS Scarborough and Ryedale CCG Harrogate District NHS Foundation Trust York Teaching Hospital NHS Foundation Trust |
| Increasing attendance at patient structured education (Type 1 BITES ; Type 2 Good2Go) | NHS Scarborough and Ryedale CCG <u>Only</u> York Teaching Hospital NHS Foundation Trust Humber NHS Foundation Trust |

There are no approved plans to extend the non-recurrent funding from the national NHSE team beyond the 31 March 2019 end date. It is recommended we explore opportunities to continue funding the programmes beyond the NHSE end date. All projects are beginning to see that the interventions in place are having a positive impact and will support the improvement of long-term health outcomes in diabetes care.

The purpose of all three programmes is prevention of complications by actively identifying patients earlier in the patient pathway and providing appropriate support and interventions to delay the onset and/or prevent common complications of diabetes. 10% of the NHS budget in England is spent on Diabetes Care and it is estimated 80% of this is spent on largely preventable complications rather than the primary treatment of diabetes.

Progress to date:

Treatment Targets (Provider YTHFT)

- Recruited to the Diabetes Specialist Outreach Team (DSOT)
 - GPs with special interest in diabetes (4 sessions p/w)
 - Diabetes Consultant (1 PA p/w)
 - Diabetes Specialist Nurses (1.6 WTE)
 - Clinical Psychologist (1 WTE)
 - Support Worker (1 WTE)
- The DSOT work remotely with primary care and secondary care through granted access to identify their most challenging patients and offer a period of intensive support where appropriate. This includes psychological and social support for those people who are not coping with their condition or find it hard to engage in traditional offers of care.
- The DSOT review care plans and offer optimisation of treatment, assessment of response and withdrawal of medication where not effective. There is an emphasis on 'lean treatment' aiming to reduce drug burden by rationalising therapy to make it simple yet more effective and in particular to stop expensive medication where there is no evidence of effectiveness.

Multi-Disciplinary Foot care Team (MDFT) (Provider YTHFT and HDFT)

- Recruited staff to support additional MDFT clinics
 - Podiatrists (2.1 WTE)
 - Health Care Assistant (0.6 WTE)
 - Diabetes Consultant (4 PA's)
 - Vascular Consultant (2 PA's)
 - Orthopaedics Consultant (2 PA's)
 - Medical Secretary (0.4 WTE)
- Additional MDFT clinic running at Malton Hospital (access for both CCGs)
- "on call" (out of hours) diabetic foot hot line implemented
- RCA process on lower limb complications expanded
- Education program for GP and primary care on prevention and early intervention for diabetic foot problems established

Structured Education

- Recruited dietician (1 WTE) to support delivery of additional education sessions
- Identified additional community venues where education sessions can be ran to improve access and uptake.

Initial findings:

Treatment Targets (Provider YTHFT)

Primary Care Reviews (3 practices – Jorvik Gillygate, Kirkbymoorside and Scott Road, total diabetic register 1010).

Searches were run in these parameters to identify patients who are not engaging in traditional methods of care and at risk of admission or developing complications as a result of this:

HbA1c >100: 42 of 63 patients in the baseline search no longer fall within the search criteria. This represents an overall improvement of 67% from baseline. 36% of this improvement is as a result of DSOT input. (15 of 42)

No HbA1c recorded in >15 months:

37 out of 54 patients in the baseline search no longer fall within the search criteria. This represents an overall improvement of 69% from baseline. 51% of this improvement is as a result of DSOT input. (19 of 37)

Not achieving three NICE Treatment Targets:

56 out of 80 patients in the baseline search no longer fall within the search criteria. This represents an overall improvement of 70% from baseline. 45% of this improvement is as a result of DSOT input. (25 of 56)

Secondary Care Reviews

Repeated diabetes-related admissions

Of the patients identified as appropriate for referral to DSOT there was a 44% reduction in Diabetes-related hospital admissions following DSOT input. This is estimated at 21 hospital admissions avoided with an average LOS of 7.92 days (incl. 0 day LOS - GIRFT data).

Medicine Optimisation Reviews (1 practice – MyHealth, diabetic register 708)

54 patient records were identified and reviewed resulting in 36 patients medications being optimised by the DSOT (12 included medications being stopped altogether). A **one month** saving if changes are implemented immediately equates to **£1,128** providing a **FYE (12 month) saving of £13,536** for a practice of this size.

The stopping and switching of in-effective medicines will reduce wastage and have an on-going impact on the reduction in local diabetic medication spend. The assumption is that an intervention of this kind would also have a positive impact on the individual's diabetic control and health outcomes but this would have to be actioned and reviewed.

Staff feedback

“Over the past few months as a practice we have had several patients that have failed to engage with the practice/hospital for annual reviews or poor control of their Diabetes. Both Dr Sarah Eaton and Clare Macarthur have given advice by phone or in some cases have managed the patient in the practice environment. Close links

between DSOT and the practice have enabled patients with extremely poor control, who normally would require hospital management/intervention to be controlled in the home or practice. The communication between Dr Eaton and the practice nurses via Tasks in EMIS have allowed for continuity of patient records and management plan to be followed.

This service has been invaluable and these often vulnerable patients are managed more effectively because of it.”

Vale of York Practice Nurse

Anonymised Patient Stories

“Margaret”

Margaret with learning disabilities in residential care had had three admissions in the previous two months (both DKA and hypos); 8 admissions in the previous year. Since October 17 after home visits and phone calls, she has had no admissions although hypoglycaemia can still be an issue. Hba1c 67mmol/mol.

“Mark”

History of recurrent diabetic ketoacidosis admissions, and frequent non-attender at diabetes outpatient clinics. HbA1c over 100 mmol/mol. Some engagement work offered from psychology on the wards during admissions. Over the following year, Mark has seen a sustained drop in his Hba1c of 20mmol/mol, no further admissions and is regularly attending joint nursing/psychology diabetes appointment and engaging more with diabetes care.

“Henry”

“Henry” had disengaged from diabetes care in secondary and primary care services. Referred to the Diabetes Specialist Outreach Team as Practice Nurse noted that that Henry was depressed which was impacting on his ability to engage with services, and he was not picking up prescriptions,. Psychology sessions offered at local GP, mood improved, Henry now feeling more able to engage with diabetes care and is back under usual podiatry and nurse clinic review at the diabetes centre and attending appointments.

“Dave”

Attending specialist renal clinic, HBA1c over 100 mmol/mol, motivation for diabetes management slipping in between appointments. Referred to Diabetes Outreach Team by Consultant as identified as “high risk despite usual care”. Psychology support offered at local GP, nursing support and advice provided over telephone; Dave is feeling more able to make some changes to diabetes management and has seen improvements in emotional wellbeing, and his Hba1c has also reduced by over 20mmol/mol consistently.

“Kyle”

A student with repeat admissions with diabetic ketoacidosis, not well known to the team, team struggling to engage with him while he was an inpatient, not always attending diabetes outpatient clinics, (frequent cancellations and nonattendance). Psychology assessment offered, able to identify role of mood in diabetes management. Ongoing psychology support offered alongside young adult’s clinic,

over the following month's no further admissions, feeling better in mood and attending young adult clinic appointments.

“Simon”

Discharged from diabetes outpatient clinics due to not attending, struggling to accept diagnosis of diabetes, had wanted psychology support but struggled to engage previously, finds it hard to travel for other medical reasons. HbA1c over 140, psychological barriers to taking medication/ insulin. Period of engagement work offered and then psychology sessions offered in an outpatient clinic closer to home, plans to work with GP and nurse with the diabetes outreach team regarding diabetes management.

“Chloe”

Chloe has had diabetes for 27 years following acute pancreatitis due to gallstones and a cyst, leading to an initial partial pancreatectomy at the age of 19. This led to pancreatic insufficiency, and she requires insulin along with other medication. She also has fibromyalgia and recently-diagnosed epilepsy. She has had to stop work due to complications of diabetes and is 46 years old. Her youngest child is in his teens.

Chloe has given us permission to share her story. She had developed complications of diabetes due to suboptimal glucose control; her HbA1c had been consistently above 100mmol/mol (>11.3%). She ran her blood glucose levels high due to having a severe hypo with unconsciousness when her son was young. She also had issues with weight and self-image. This had a severe impact on her and her family.

Her complications include eye disease and great toe amputation due to sepsis with underlying diabetes-related neuropathy. She has continuing ulceration at times, threatening a second toe on the same foot. She is severely sight-impaired/blind and cannot drive. Her HbA1c at the time of referral was 130mmol/mol (14%).

The initial intervention was from inpatient specialist nurses, followed by the diabetes nurse from the Diabetes Specialist Outreach Team, who was able to see her regularly around her many appointments. Along with the diabetes specialist nurse, there was subsequent input from the psychologist, GP with specialist interest in diabetes and consultant at varying times, also the podiatrist and vascular surgeon. After 2 months her HbA1c was 77mmol/mol and it has consistently been 80 or below for 12 months, and as low as 67mmol/mol (8.3%) recently.

The psychologist was able to support Chloe with her fears about the future, the trauma around the loss of her toe and continuing to manage her diabetes specifically in the face of potential weight gain. The diabetes nurse helped with guiding Chloe through learning how to manage her diabetes effectively and insulin adjustment, and both of these health professionals continue to support her.

Chloe says that the non-judgemental attitude of every staff member she has met meant that she felt able to manage her diabetes around her life and perceives that the personalised aspect, having continuity in who she sees, and the flexibility to see her round her podiatry care has helped greatly.

“Attitudes and practices have changed over the years in healthcare professionals and people with diabetes. It’s no longer about feeding the insulin, it’s about normalising eating and matching the treatment to it. The approach is so important. Freedom of choice, in what I eat and when I eat and feeling that my choices are fine. I feel in control of the diabetes; the diabetes does not control me. We are people with diabetes and we all have our own experience.” *Chloe*

“Chloe” says that the service as a whole has saved her life.

Podiatry and over view is provided under specialist care outside of the project.

Multi-Disciplinary Foot care Team (MDFT) (Provider YTHFT and HDFT)

Emergency Referrals

All emergency referrals are responded to on day of receipt by Podiatry and patients are offered an appointment within 24 hours to be seen by a member of MDFT. 87.5% of patients are seen on the same or following day. Exception reports on those not seen indicate that the patient cannot be contacted or the patient declined the appointment.

Primary Care Education

With the additional capacity, interventions are offered earlier by the team and the service has seen both a reduction in delayed referral from primary care and increased awareness in patients seeking help earlier when they have a problem. Early analysis suggests this is primarily a result of the educational sessions to Primary care and MDFT capacity to deliver these.

National Diabetes Foot Audit Success

The Podiatry team that covers VOY, HARD, SR and HR&W have been recognised by the NDFFA as being in the top 15% for the proportion of patients with severe ulcers who were alive and ulcer free at 12 weeks. This is due to good care being in place from the point at which an ulceration is identified.

Minor Amputations

In addition local RCA (2016) data showed that 68% of minor amputations were regarded as preventable, in 2018 this is now 50%. The improvement in outcomes is an early referral from Primary Care to the MDFT service. The staff employed by the transformation money have the capacity to deliver education sessions and provide feedback to primary care staff which we assume has helped to improve this figure.

Recognition from NHSE

The Yorkshire and Humber Clinical Network, NHS England, Diabetes UK and Education for Health as well as other CCGs are interested in the outcomes of the innovative models that are being piloted across Scarborough and Ryedale and the Vale of York. The Clinical Network are wanting to publish a case study on the treatment target (DSOT) service model and Diabetes UK and Education for Health are being commissioned to conduct an independent evaluation of the programme.

Continuation of funding gives the providers and the CCGs an opportunity to be a flagship site modelling an innovative service of our own design which can be shared at scale if appropriate and will ultimately raise the local profile.

The development of the services under the treatment and care programme has created positive and engaging working relationships between the CCGs, providers and clinical network. We have developed services which are beginning to become recognised as an asset for both primary and secondary care as well as additional care services for complex diabetic patients and every effort should be made to continue funding these service models.

Quality Impact Assessment

Outlined below is the list of QIAs undertaken /underway and their outcome of the paper the QIA supports since June 2018

The project leads are responsible for undertaking and recording of the outcomes from the QIA onto their papers for presentation and approval at the relevant CCG Committee. The CCG Committees do not see the full QIA unless it raises concerns.

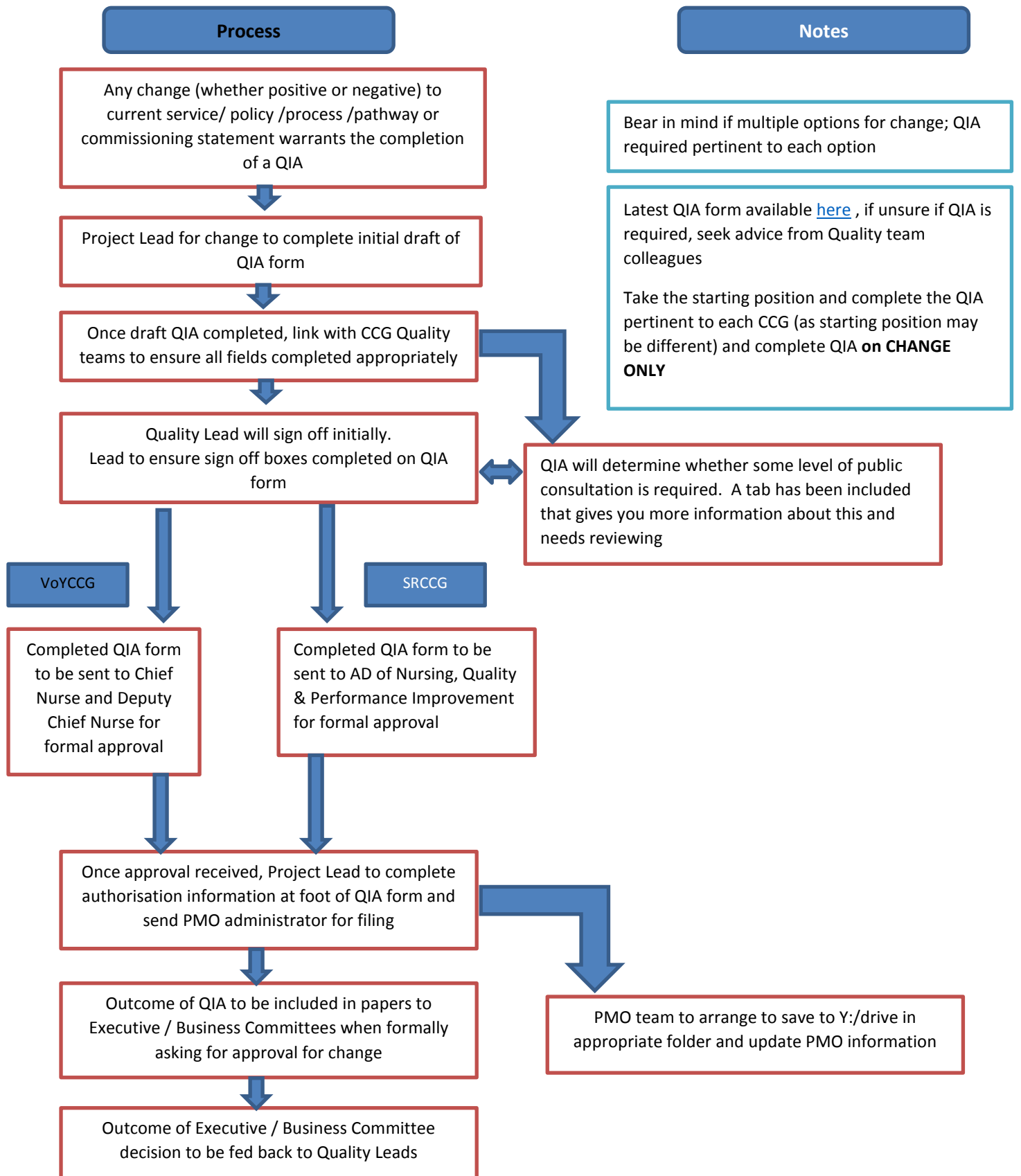
If the paper the QIA supports is not approved by the Committee, project lead to record this on the QIA.

| QIA | QIA Supporting Paper Approved | QIA Supporting Paper not approved | Date to Committee | If not approved or underway, outline next steps |
|------------------------------------|-------------------------------|-----------------------------------|-------------------|---|
| Carpal Tunnel Syndrome | ✓ | n/a | June 2018 | n/a |
| Cataract Surgery | TBC | | Dec 2018 | |
| Gamete preservation | TBC | | Dec 2018 | |
| Microsuction | n/a | ✓ | July 2018 | Identified that savings not in Primary Care so commissioning statement not progressed |
| Subacromial Shoulder Decompression | | ✓ | Nov 2018 | Lead to re-write policy following Committee comments and re-visit QIA |
| Varicose Veins | ✓ | | June 2018 | |

| | | | | |
|---|---|---|---|--|
| Decommissioning Urgent Care Practitioners Service | | | October 2018 | Outcomes being developed regarding Value for Money options |
| CHC QA System Migration | | | November 2018 TBC | |
| Winter Plan QIA | | | To be discussed at STB in November 2018 | |
| T&O Repatriation | | ✓ | July 2018 | |
| Tier 3 Weight Management | ✓ | | September 2018 | |
| Health Optimisation – addition of sterilisation to exception criteria | ✓ | | November 2018 | |
| RFEO/REI | | | | Project still in scoping phase – QIA will need re-drafting |

The QIA process is being embedded across the organisation. The quality and nursing team have worked with the acute transformation team to describe the process so that those involved with any commissioned change in service are clear about when and how to complete a QIA (see below). The process has been beneficial in increasing awareness of describing the quality impact for those that could be affected by any service change as well as improving skills in this area. In addition, the process ensures that the CCG supports patient centred, clinically led decision making.

Quality Impact Assessment Process



CCG Quality Leads:
VoYCCG – Michelle Carrington/Jenny Brandom
SRCCG – Sue Peckitt/Carrie Wollerton

Children and Young People

A holistic review is underway by the children & young people's (C&YP) senior quality lead to examine the quality and efficiencies of commissioned services for children and young people who access the care and support across the Vale of York. The aim of the review is to seek assurances from health providers that they are compliant with national and local policy, applying evidenced based standards which are underpinned by robust governance arrangements. The review will also take into consideration the provision and interdependencies of services from the Healthy Child Programme (HCP) which is commissioned and provided by Public Health via the local authority.

The review is in its early stages and initially involves meeting with providers and scoping what current services are being provided, their governance arrangements and identifying any gaps or areas of poor practice. However there are known areas of concern which have been targeted as a priority and include:

- Children & Young people's Contenance provision
- Special school Nursing & Community Children's Nursing
- Special Educational Needs & Disability (SEND)
- Short breaks for children & young people with SEND
- Transition
- Wheelchair waits for children & young people

Children & Young people's Contenance provision

Following on from a previous report submitted to QPEC in August 2018 which detailed significant lack of clarity regarding the provision of support for children & young people who experience bladder and bowel problems, further work has been undertaken to identify where gaps exist across the clinical care pathway and also potential strategies to resolve these issues are being considered. These include:

- Implementation of a new referral form and signposting tool to direct Primary Care colleagues to where and by whom, children should be seen and assessed. This information is now available on the CCG website via the Referral Support Service (RSS).
- A successful GP education event was held the 4th October 2018 re the new guidance with presentations from HCP & Secondary Care. Feedback from this event was excellent.
- The CCG hosted a full day continence workshop on the 25th October 2018 with excellent representation across key stakeholders including those from the three local authorities which border the Vale of York CCG, Secondary Care and the North Yorkshire Children's and Young Peoples commissioning team.

June Rogers, national expert from Paediatric Bladder and Bowel health UK also attended and helped focus discussions around national policy and evidenced based practice in this area.

- The workshop clearly identified fragmentation of support for children and young people and their families across the whole locality with the most serious concern being the lack of a specially commissioned Community Paediatric Continence Service to provide the level 2 services. This means the CCG & providers are not NICE compliant and is causing significant blockages in the system with children, young people and their families having to wait long periods of time. This also adds to the paediatricians waiting list unnecessarily. An action plan has been developed with commitment from stakeholders to follow up within set timescales. These objectives will be monitored through task & finish groups, the next being scheduled for 29 November, 2018.
- The CCG's quality and nursing team are scoping a paper that will describe the opportunities of commissioning a level 2 service to improve outcomes for our children & young people which can be measured both qualitatively and quantitatively.

Special Education Needs & Disability (SEND)

The CCG are responsible for assuring they and the services they commission are meeting their statutory obligations as set out in the Children & Families Act 2014 and the accompanying SEND code of practice (DfE & DOH, 2015). To measure compliance there are joint CQC & Ofsted inspections taking place nationally. It is anticipated that the inspection of services in York will take place in early 2019. The policy and subsequent inspection framework focuses around the integration of services and joint commissioning arrangements and how this will improve outcomes for children & young people by improving quality through an outcomes based approach with greater inclusion, choice, collaboration and effective care pathways. For the CCG there are clear interfaces between the commissioning & quality team who will work together with our colleagues in the local authorities and provider services to review existing processes and begin action planning in preparation for the inspection. On review of inspection reports from other areas, themes have been extracted which will assist in the focus in our own locality.

These included:

- Transition – poor planning for young people with complex health needs and long term conditions who are moving from children's services into adult services
- Long wheelchair provision waiting times
- Integration of services
- Quality of Education, Health & Care Plan (EHCP) processes.

In response the CCG objectives include:

- A review of existing transition arrangements across providers through service questionnaires and /or face to face meetings and align to national standards set out by NICE (2016) and the SEND Code of Practice (2015) to identify gaps or weaknesses in current pathways. A multi-agency workshop will be hosted by the CCG which is scheduled to take place in February/ March 2019.
- Consultation with The Head of Partnership & Integration for the CCG with a request for information regarding wheelchair wait times and feedback from the provider is expected. The C&YP quality lead is now also a member of the wheelchair review group and has already contributed to a review of eligibility criteria and has recommended and contributed to the revision of referral forms. There are further key issues that need consideration into the supply of wheelchairs for children and young people which include; providing support for children with behavioural needs and the provision of wheelchairs post-surgery.
- The CCG will continue to attend integrated commissioning meetings with the local authority and liaise on current agenda and commissioning intentions for the coming three years. An integrated strategy meeting was held on 23 November 18 to specifically address the integration agenda around SEND. One work stream that emerged from this was how clinical care pathways for children and young people with long term conditions could become more integrated/aligned with other support services. The C&CP Quality Lead has agreed to work with City of York Council's (CoYC) head of SEND on this project and will work with CCG professionals to review/plan commissioning intentions for the coming three years.
- C&YP Quality Lead will attend EHCP panel meetings on a regular basis to monitor current health provision involvement and issues. EHCP compliance and quality will be thematic throughout all work streams and the Quality lead has already raised with the HCP their obligations to the process. Further review of this is planned through face to face meetings.
- Continue to engage with all stakeholders including therapy services and parent /carer forums

Short breaks for disabled children

CoYC is required through its 'Local Offer' to provide a range of services to support children & young people with SEND. This includes the provision of short breaks to give parents or full time carers of disabled children and young people the chance to have a break from their caring responsibilities and for disabled children to have an active social life and join in with safe, fun and interesting activities. The CCG and health providers must contribute to supporting the local offer by offering training, advice and support to carers and other non-health professionals in the range of community settings where short breaks take place.

Overnight short breaks currently take place at 'the Glenn' which is converted house on the outskirts of York and is staffed by City of York employees. There are currently two issues affecting health provision to support the local authority:

- A historic arrangement has been in place where a registered nurse, hosted by YTHFT was essentially a permanent member of staff at the Glenn who provided training and support to staff as well as developing care plans. The role itself was under review but during this phase the nurse resigned from her post in September, 2018 and immediate concerns were raised by the CCG about the potential impact this would have on children and young people being able to access their short breaks.

The CCG facilitated discussion between YTHFT and CoYC and a short term interim plan was agreed to support the continuity of short breaks. Governance to support this role has been raised as a key risk and the CCG raised a serious concern around the quality of training for delegated health care tasks such as gastrostomy feeding, seizure & airway management as well as providing moving and handling training despite not being an appropriate trainer. In addition it became evident that the individual nurse had been contributing to the writing and endorsement of policy and procedures on behalf of YTHFT without this being connected to the organisations governance arrangement.

The CCG requested assurance from YTHFT about the safety and competencies of carers who have been trained at the Glenn. The CCG also requested that the community children's nursing service review and provide assurance on how the on-going training needs of carers who are being asked to complete delegated health care tasks will be met in the future. The CCG has provided advice to YTHFT in how to implement safe and evidenced based competency frameworks underpinned by robust governance. Written assurance was received by the CCG that they (YTHFT) were satisfied carers were safe however documentation was not up to date or appropriate and this was being addressed. Meeting future training needs remains a contentious issue with YTHFT citing lack of funding / resources as problematic. However the Quality team are proposing to YTHFT that service redesign will release and redeploy existing resources to meet this perceived gap in provision. Regular meetings between the CCG C&YP quality lead and the team leader for the community children's nursing service have been scheduled to review this and other areas of practice have been scheduled.

- CoYC are well into the project planning phase for a new centre of excellence to become a central hub within the city for all children & young people with SEND. The build will be located at Hob Moor Oaks in Acomb. The short

breaks service will move to this site which is scheduled for completion sometime in 2020, subject to planning and building regulations. CoYC secured funding from a NHSE capital bid for the sum of one million pounds to support this project. Initial investigations indicate no clinical input from health providers has been sourced and CoYC is requesting confirmation of what health resources will be commissioned to support the new centre of excellence. As a result the quality lead will attend future meetings hosted by CoYC to liaise and gather intelligence to inform decision making from the CCG. This is a particular area of concern given the integrated commissioning agenda and expectations from inspectorates.

Special School Nursing & Community Children's Nursing

Following a review in 2016, the CCG became aware that the Special School Nursing Service provided through YTHFT was not being delivered in line with national directives and lacked organisational governance. There is also little evidence and assurance that children and young people were receiving an appropriate service that was outcomes focused despite having a significant staffing resource. In addition it became apparent that the special schools themselves appeared to be taking little or no responsibility for meeting the health needs of pupils in schools despite Department for Education statutory guidance on supporting pupils with medical needs (2014). This review then led to a wider review of the whole of the community children's nursing service provided by YTHFT. It became clear that there were significant inefficiencies throughout the whole service with ad hoc alignment to national standards and little cohesion between the work streams within the service itself. This service delivery model is outdated, inefficient with poor value for money and no clear focus on quality. No performance data is recorded or available, The CCG raised these concerns with YTHFT and after initial poor engagement met with and requested that YTHFT produce an action plan to respond to the concerns and provide assurance that service transformation and redesign will be undertaken. The CCG wrote to YTFHT in March 2018 setting out its future intentions which included the consideration of other procurement options should the service fail to make significant improvements. YTHFT were also formally advised that the special school nursing service would only be commissioned for a further year (March 2019) pending receipt of evidence on improvements.

An action plan was developed and the CCG received a copy in April 2018. The plan addresses some issues but lacks detail and vision into how objectives will actually be met. Currently there are no KPI's requested or reported linked to quality or activity and are not evident in the action plan submitted a new service specification will be required to take this into account.

In response the C&YP quality lead has begun a series of face to face engagements with key professionals at YTHFT including the community children's nursing team leader who is new in post, the Directorate Manager of Child Health, Head of

Midwifery & Child Health and the matron for Child Health. A key principle aim of these engagements is one of openness and transparency in an attempt to expose risk areas and offer advice and support in relation to this and the service transformation plan. However, following initial conversations, YTHFT are likely to require a more collaborative partnership approach with the CCG, therefore continued engagement and building of trusting relationships is essential.

The transformation plan will draw all elements of the community children's nursing service together and link to the SEND aims and objectives. As with all service redesign a quality impact assessment will be undertaken periodically to establish areas of risk and concern. The proposed plan will also include elements of probable contention with local authority partners in education services and will require sensitive engagement to achieve objectives whilst maintaining positive relationships.

The first draft of the transformation plan is presented separately through PowerPoint to QPEC.

Safeguarding Children

City of York Joint Targeted Area Inspections (JTAI) – Child Sexual Abuse in the Family Environment (24th-28th of September 2018):

JTAI are carried out under section 20 of the Children Act 2004. The Inspections are undertaken by Ofsted, the Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary and Fire and Rescue Service (HMICFRS) and Her Majesty's Inspectorate of Probation (HMI Probation).

City of York received its first JTAI between 2nd and 28th of September. The theme for this Inspection was Child Sexual Abuse in the Family Environment (CSAFE). As described in the last report Vale of York CCG led the Inspection on behalf of the health providers across the City, including health services commissioned by Public Health.

The final report was published on the 9th of November:

<https://files.api.ofsted.gov.uk/v1/file/50037488>

The key findings for health were as received in the verbal feedback during the week of the Inspection and as described in the last report to this Committee. The partnership is required to develop and submit a 'Statement of Action' to Ofsted no later than the 20th of February 2019. Work is already underway to develop a partnership action plan which will then be monitored via the CYSCB/ City of York Safeguarding Partnership. Updates on progress against the action plan will be provided to the CCG via this Committee.

Children in Care

Timeliness of Health Assessments for Children in Care: the timeliness of Health Assessments has improved during Q2. 31% of Initial Health Assessments (IHA's) were completed within timescales in comparison to 11% in Q1. Review Health Assessments have seen a similar improvement with 43% of RHA's been completed within timescales in comparison to 20% in Q1. It is acknowledged that the timeliness of health assessments still requires significant improvements as CoY remains an outlier when compared with national data (IHA's- 90% RHA- 90%) and North Yorkshire (IHA - 85% and RHA – 85%). The Designated Professionals continue to work with colleagues in Harrogate Foundation Trust (HDFT) and CoY Children's Social Care.

Primary Care


NHSE self-assessment re audit: All VoY CCG practices have now completed the NHSE Safeguarding audit for the 3rd year. There has been significant improvement in the compliance of practices safeguarding policy, procedures and processes over the period. The primary care safeguarding team continues to support those practices which are not fully compliant through the safeguarding leads meetings and practice visits.

Safeguarding Adults

North Yorkshire & City of York Modern Slavery Partnership

Key points from meeting held Friday 19th October:

- Useful data is being shared across partners
- Training needs are being explored (it will feature in 2018/19 Hot topics for primary care)
- Partner organisations are being challenged to consider a Modern Slavery and Human Trafficking Statement as required by the Modern Slavery Act of 2015 and publish on their public facing website
- Slavery and Trafficking Statement for NHS Vale of York CCG was approved by QPEC so this can now be published on the CCG website.

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| Item Number: 10 | |
| Name of Presenter: Denise Nightingale | |
| Meeting of the Governing Body Date of meeting: 3 January 2019 |  Vale of York Clinical Commissioning Group |
| Report Title – Internal Audit Report ‘Quality Assurance: Compliance with National Guidance for Mental Health and Learning Disabilities’ | |
| Purpose of Report <i>(Select from list)</i> To Receive | |
| Reason for Report An internal audit report undertaken in May 2018 regarding the quality of Mental Health and Learning Disabilities commissioned services recognised the development of services and processes within the CCG to support these. The audit report recommended an annual report to Governing Body on delivery of the <i>Five Year Forward View for Mental Health Services</i> (2016) Specifically this recognised that Mental Health delivery aims were wider than simply the NHS. This report updates Governing Body on key themes against the <i>Five Year Forward View</i> . . | |
| Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability | |
| Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council | |
| Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities | Covalent Risk Reference and Covalent Description Risks around a number of mental health service issues are listed on the corporate risk register, and monitored regularly through CMB, Quality and Patient Experience Committee, and Finance and Performance Committee. |

Emerging Risks (not yet on Covalent)

Recommendations

That the Governing Body note this report.

Responsible Executive Director and Title

Denise Nightingale
Executive Director of Transformation, Complex
Care and Mental Health

Report Author and Title

Susan De Val
Commissioning Specialist

GOVERNING BODY MEETING: 3 JANUARY 2019

Background: the *Mental Health Five Year Forward View 2015-2020*

The Mental Health Five Year Forward View (MH5YFV) was published in 2016. It set the strategic direction for mental health and well being both in the NHS, and across the whole system of care.

The document states:

“The NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services [...] Leaders across the [whole] system must take decisive steps to break down barriers in the way services are provided to reshape how care is delivered, increase access to the right care at the right time, drive down variations in the quality of care on offer, and improve outcomes”

The MH5YFV set three priorities:

1. A 7 day NHS – right care right time right quality, including 24 hour crisis care, psychosis, and inpatient support close to home.
2. Integrated physical and mental health approach including perinatal mental health, regular health screening and IAPT
3. Promoting good mental health and preventing poor mental health: focusing on children and young people through *Future in Mind* (published in 2015 and governing children and young people’s emotional and mental well-being) and developing mentally healthy communities with partners

The priorities set out within MH5YFV and *Future in Mind* are delivered in accordance with a national NHSE delivery plan for 2020/2021 which is regulated through the IAF, CQUINs and assurance statements around specific services, such as the Local Transformation Plan for Children and Young People (LTP).

In addition to stated targets, there are expectations of partners to work across sectors to deliver change across the pathway spanning prevention and care.

Specifically expectations include:

- Health and Well-Being Boards leading local plans for improving mental health and well-being across all sectors within the area.
- Co-production between clinicians and service users will underpin all local planning
- Funding provided from 2016 for children and young people’s services would be used to transform both intervention and specialist services through joint working
- Shared local plans for housing for people with mental illness
- Improved joint working across sectors in relation to adult mental health

Implementation of the *Mental Health Five Year Forward View* in Vale of York

The internal audit report confirmed that the Clinical Commissioning Group (CCG) can demonstrate that there are effective processes in place to manage and report the delivery of national requirements for the transformation and improvement of the quality of Mental Health and Learning Disabilities commissioned services. The CCG has worked closely with the Mental Health care provider Tees, Esk and Wear Valleys NHS Trust (TEWV) to transform the services provided in line with the vision of the MH5YFV as part of the long term contract in place. Whilst Governing Body and its associated Committees are fully aware of the CCGs commissioning priority around Mental Health services and of the risks highlighted against both National indicators and some waiting times it is important to highlight where key service developments have taken place.

Examples of progress against national targets for VOYCCG include:

- Core 24 crisis provision for adult mental health
- S136 suite at Peppermill Court
- Crisis team for children and young people developed as part of the New Models of Care programme to reduce both inpatients and admissions. children and young people
- Increase in dementia diagnosis rates recorded on GP registers
- Increase beyond national expected rates the number of children and young people receiving specialist mental health support
- Eating disorder service across North Yorkshire and York for children and young people
- Funded peri-natal service developments

Further, work with partner organisations, including local authority partners has enabled:

- Recurrent funding of a Schools based well being service in City of York
- School based staff training in North Yorkshire
- Development of intensive support services for children and young people at risk within the Transforming Care group
- Development of Safe Haven for crisis support
- Support for young people in contact with Youth Offending Teams through the provision of psychology and CAMHS link services.
- Jointly funded Assistant Director for Joint Commissioning with City of York Council

The CCG is an active participant in the strategic development of emotional and mental health support through, for example:

- Strategic Commissioning Group for City of York
- Partnerships in North Yorkshire and York delivering on mental health, autism and learning disability strategies

- Development across North Yorkshire and York of a Board for the Transforming Care Partnership.

Whilst significant progress has been made, it has proven challenging to meet all strategic objectives in the MH5YFV. There are areas, such as IAPT, dementia diagnosis and CAMHS delivery, where performance is below national targets. The internal audit report did find that that system performance 'is reported within the governance structure and to NHSE, and action plans produced to improve performance towards objectives'.

The contract management board with TEWV has been restructured in 2018 to undertake deep dives into areas of concern to develop more strategic approaches and to wherever possible utilise the joint efforts of the provider and commissioner to deliver efficiencies and drive transformation. Examples include:

- Improvement in reporting on eating disorders performance to provide transparency and assurance
- Routine provision of 'soft' data to broaden commissioner's understanding of patient flow in children's services
- Capacity and demand analyses of TEWV services to inform future investment
- Flexibility of workforce models where recruitment has proved difficult

Additionally, the CCG and TEWV have worked across the local area to review pathways and improve working arrangements, for example mapping and review of the autism pathway. More recently across North Yorkshire and York a rapid process improvement workshop has reported in order to deliver improvements in the timeliness and effectiveness of Care and treatment Reviews for the Transforming Care agenda.

Future Priorities for Delivering the Mental Health Five Year Forward View

The MH5YFV is an ambitious programme: it has proven challenging to deliver the magnitude of change sought in some areas, for example the Transforming Care programme. The internal audit report acknowledged the challenges in the scope of some national programmes and the concomitant development of aligned health and local authority systems. However for Transforming Care the development of a Board across our area, underpinned by governance has ensured that partners are actively working together around delivery and risk share.

The national programme continues to develop, particularly in relation to prevention and early intervention: IAF targets for mental health performance continue to develop, and will include outcomes based reporting for mental health for the first time in 2019/2020. There is also the further development of schools based mental health support now being piloted across 25 sites nationally.

Governing Body has through its Commissioning Intentions recognised its key investment priority of mental health which informed the decision to invest additional funds into children's mental health and psychosis services in 2018/2019.

There remain challenges around access to support and outcomes, some of which demand an area response beyond the CCG and TEWV:


- Addressing issues around longer recovery times and the relationship to long waiting times in both children's and adult services, with eating disorder. The CAMHs emotional pathway, IAPT and psychosis all currently present significant challenges for waiting times.
- Access to Paediatric oversight and physical health checks for children with eating disorders
- Managing the financial challenge of individual packages of care for those in the Transforming Care Partnership programme and S117 Mental Health Aftercare
- Review of the whole autism pathway across all agencies to facilitate effective wellbeing, diagnosis and support.
- Effectively meeting the specific needs of children who are looked after.
- Developing joint commissioning arrangements with local authority partners across the full spectrum of need for emotional and mental well-being and support. A key prevention agenda.

There is strong commitment across the area to meet and address these challenges and there is recognition that investment and activity needs to focus on all elements of the pathway from prevention, diagnosis, maintenance and access to specialist services.

The Governing Body, alongside the Finance and Performance Committee and Quality and Patient Experience Committee, will continue to receive reports regarding progress on contract performance, patient feedback and management of risk in respect of mental health provision across the CCG area. In addition the CCG will be kept informed of the emerging partnerships for delivery of new system approaches such as Transforming Care and the STP wide reduction in Specialist In Patient services all which require different/delegated forms of Governance.

Recommendation

It is recommended that the Governing Body discuss and note the update.

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| Item Number: 11 | |
| Name of Presenter: Michelle Carrington | |
| Meeting of the Governing Body Date of meeting: 3 January 2019 |  Vale of York Clinical Commissioning Group |
| Report Title – The Vale of York and Scarborough Ryedale CCG Infection Prevention Strategy | |
| Purpose of Report <i>(Select from list)</i> For Approval | |
| Reason for Report The strategy identifies the CCG's responsibilities and strategic approach to the prevention of healthcare acquired infections. | |
| Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability | |
| Local Authority Area <input type="checkbox"/> CCG Footprint <input checked="" type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input checked="" type="checkbox"/> North Yorkshire County Council | |
| Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities | Covalent Risk Reference and Covalent Description |
| Emerging Risks (not yet on Covalent) | |
| Recommendations For approval on recommendation of the Quality and Patient Experience Committee. | |

| Responsible Executive Director and Title | Report Author and Title |
|---|---|
| Michelle Carrington, Chief Nurse | Jo Raper Lead Nurse Infection Prevention Debbie Winder, Head of Quality Assurance and Maternity |

**NHS Vale of York & NHS Scarborough Ryedale
Clinical Commissioning Groups**

Infection Prevention

&

Control Strategy

2018 – 2021

1. Introduction

As leaders of healthcare in York and Scarborough, our vision is to ensure that all commissioned services are providing clean, safe, effective care. NHS VoY and SR CCGs are committed to reducing the incidence of healthcare associated infections (HCAI) preventing avoidable harm and minimising adverse impact.

Healthcare associated infections remain a major cause of avoidable patient harm and although nationally there have been significant reductions achieved in the number of patients developing serious infection such as MRSA (Methicillin Resistant Staphylococcus aureus) in healthcare settings the rates of some other HCAI's have risen significantly. It is therefore essential that the reduction of HCAI's remains as a high priority on any NHS organisations safety and quality agenda. This is reflected in the nationally identified ambition to reduce Gram negative bloodstream infection by 2021 and the reduction plan for UTI related antibiotic prescribing rates.

Health Care Associated Infections (HCAI) and antibiotic resistance represents one of the greatest challenges in modern day healthcare and remains a high priority on the governments' safety and quality agenda.

Infections acquired in healthcare can cause serious problems; they can complicate illnesses, cause distress to patients and their family, and can in some cases lead to patient death. There can also be significant economic consequences such as the effect on bed availability and the ability to meet some Government targets.

The NHS Operating Framework 2017/18 stipulates that no health care associated infection is acceptable and all NHS organisations should aim for a zero tolerance approach to assist in the reduction plan.

The Health and Social Care Act 2008 and the Code of Practice on the prevention and control of infections and related guidance (DH 2015) states that: "Good infection prevention and control is essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of the everyday practice and be applied consistently by everyone".

Individuals, irrespective of age, gender or socio-economic background can acquire an infection at any point in their healthcare journey and this strategy builds on the firm foundation of infection prevention already in existence in York and Scarborough.

This activity also supports the sustainability and transformation plan (STP) for Humber Coast and Vale. All CCGs are committed to all aspects of avoidable harm reduction ensuring that IPC is integral to, and not distinct from the wider ongoing quality improvement work.

The overarching Infection Prevention and Control strategy reinforces the CCGs belief that every person deserves a quality and safe experience wherever they are cared for in NHS services, and our ambition is to work with providers of services to continually improve.

2. Aims

The strategy is designed to establish ownership of infection prevention and control at all levels throughout the organisations commissioned by the CCG. It supports a co-ordinated approach to the prevention and control of infection across all areas of responsibility ensuring Infection Prevention and Control is kept high on the agenda.

The Health Act was updated in 2010 to The Health and Social Care Act 2008 Code of Practice for Health and Social Care on the prevention and control of infections and related guidance (DH, 2010). The intention being to ensure that prevention of HCAI is embedded across the whole health economy. This legislation now forms the framework for all standards, assessments, policy and guidance issued to healthcare organisations. The Care Quality Commission (CQC) is responsible for monitoring all NHS and Social Care organisations in relation to the core standards which incorporates the Code of Practice as part of the monitoring process to assess organisations compliance against the standards.

The aims of this strategy are to demonstrate how NHS Vale of York and Scarborough Ryedale Clinical Commissioning Groups intend to manage infection prevention and control over the course of the next three years.

The strategy will ensure that:

- The CCGs will lead, direct and commission services where patient safety is paramount; infection prevention is key.
- There are robust infection prevention and control principles in place throughout the services it commissions which ultimately has a positive effect on the quality of care.
- HCAI prevention and control is recognised by the CCGs as a key element of clinical and non-clinical governance.
- The CCG's systematically review local target setting across the health economy in accordance with any nationally defined requirements. This will include the application of surveillance data to monitor progress towards objectives for specific organisms. Additionally, this data will be utilised to plan future activity to reduce risk of infection and to enhance locally provided services.
- The CCGs adopt a co-ordinated and multi-disciplinary approach in managing HCAI prevention through a systematic process of identification, analysis, learning and management of risk. This includes a greater requirement for collaborative working with partner organisations.
- The CCG's have a scheduled meeting structure to ensure multi agency review of both HCAI cases and strategic oversight of the IPC agenda with acknowledged escalation processes.

2.1 National Context

This 3 year strategy provides a framework for the management of HCAI and establishes NHS VoY and SR CCGs priorities for infection prevention and control. It aligns with the NHS Outcomes Framework to provide a co-ordinated, consistent and effective approach across healthcare organisations within York and Scarborough to support developments in quality, patient safety and patient experience.

The CCGs will collaborate with clinicians and community partners to manage HCAI; promote innovation and improvement in infection prevention; provide leadership to the whole health economy to ensure efficiency and effectiveness and provide best value for money.

The NHS Constitution establishes the principles and values by which the NHS operates; setting out the rights to which patients are entitled, the pledges the NHS aims to achieve and the responsibilities we all have to ensure the NHS operates fairly for all. Infection Prevention and Control is an element of Domain 5 of the NHS Outcomes Framework which details that patients have the right to be treated and cared for in a safe environment and protected from avoidable harm across all care settings.

The NHS Outcomes Framework identified five domains to underpin a high quality approach to care:

Domain 1: Preventing people from dying prematurely

Domain 2: Enhancing quality of life for people with long-term conditions

Domain 3: Helping people to recover from episodes of ill health or following injury

Domain 4: Ensuring that people have a positive experience of care

Domain 5: Treating and caring for people in a safe environment & protecting them from avoidable harm

This strategy will focus on the fifth domain but will reflect the principles of the other four.

2.2 Local Context

NHS VoY and SR CCGs are responsible for commissioning services in the following areas:

- Secondary care
- Community Health Services
- Community Hospitals
- Mental Health Services
- Out of Hours GP services
- Continuing Health Care

NHS VoY and SR CCGs are supported by other CCG's and provider organisations on the management, prevention and control of HCAI including MRSA, C-Difficile, Methicillin-sensitive Staphylococcus aureus (MSSA), and Gram Negative organisms' e.g. E-Coli, Pseudomonas and Klebsiella. The CCG supports the Public Health England agenda in the management of Tuberculosis, immigrant screening, infection control in schools, nurseries, prisons and emerging infectious diseases.

As organisations VoY and SR CCGs recognise that all health care providers need to be engaged to ensure there is a continuing focus on the reduction in HCAI and that this reduction continues to be sustained.

The susceptibility of people in hospital along with the use of invasive procedures increases the potential for infection in hospital, but it is important to understand that micro-organisms exist naturally in the community and population as a whole therefore the management of infection is a whole health economy issue. As more invasive procedures and devices are utilised in community settings it is essential that the risks are recognised across the whole health economy and this strategy aims to address infection prevention in this wider setting.

The CCGs as the local healthcare commissioner understands it's responsibility for working across organisational boundaries and taking a whole health economy view to ensuring that the delivery of infection prevention and control is prioritised. The CCGs ensure that provider organisations of commissioned services have appropriately trained and educated staff in place, that the principles of infection prevention and control are embedded within the organisations with Board level support. The CCGs also ensure that appropriate patient education is available and that individual patient needs are considered.

The CCGs are committed to reducing HCAI and recognises that the prevention of infection is fundamental to the safety and quality of care delivered to patients and remains a key priority for the NHS. As the epidemiology of many HCAI cases becomes more complex and as the threat of antimicrobial resistance increases, it is essential that progress continues and work to identify new ways to improve practice and prevent harm to patients.

3 Strategic Objectives

The CCGs will achieve full compliance with all aspects of the Health and Social Care Act 2008 (Regulated Activities) by:

- Having processes and systems in place to manage and monitor the prevention and control of infection.
- Providing accurate information for the review by key stakeholders on the position against mandatory objectives for the reduction of HCAI including Clostridium difficile, MRSA bacteraemia, Gram Negative bacteraemia's and actions being taken to reduce rates of infections. This includes any additional infections identified as either a national or local priorities
- Ensuring, so far as is reasonably practicable, that staff are free of and are protected from exposure to infections in the workplace and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.
- Having systems in place to refer to PHE alerts of infection such as outbreaks and emerging infection risks so appropriate actions can be taken.

4 Strategy Delivery

The strategy will be delivered through:

- The formulation and delivery of a CCGs Infection Control and Prevention action plan
- Visible and strong Executive level leadership; the strategy is overseen by the VoY Quality and Patient Experience Committee and the SR CCG Quality and Performance Committee and progress reported to the Governing Body
- The inclusion of Infection Prevention and Control issues in all business planning processes as a matter of course
- Investigation of all episodes of HCAI in line with agreed protocols and evidence of sharing and learning from them
- Regular reporting against the actions by the Executive Lead for Infection Prevention and Control to the Governing Body
- Developing an effective communication strategy to ensure maximum public and patient involvement and awareness

5 CCG's Approach

As commissioners of services NHS VoY and SR CCGs need to assure themselves that the organisations they commission services from can provide assurance that they comply with the Health and Social Care Act 2008. This will enable providers to demonstrate that they meet their statutory duty to protect the patients they care for and the staff they employ from the risk of HCAI.

There are four main requirements to effectively commission for Infection Prevention and Control these include:

- Development and leadership of the health and social care economy.
- Contracting (including setting clear expectations of achievement e.g. compliance with the code of practice for infection prevention and control).
- Performance Monitoring against the contract (gaining assurance) and sustained quality improvement.
- Organisational accountability

The CCG will work collaboratively across the STP footprint to develop systems and processes which support the reduction of HCAI's and the safe movement of patients from one health and social care environment to another

Providers are required to

- Demonstrate proactive leadership which is vital to the success of infection prevention and promoting a culture of zero tolerance of avoidable infections. Accountability for reducing, preventing and controlling HCAI rests with every Trust Board with the requirement for robust processes for regular IPC updates and escalation mechanisms. Ensure each organisation has adequate governance arrangements in place to provide assurance that robust, system-wide infection prevention measures are in place that provide for sustainable improvement. All managers and clinical staff recognise the impact HCAI has on services and patients and must work together to maximise the effects of good infection prevention and control measures.

In line with the NHS Operating Framework 2017-18 and the Public Health Outcomes Framework 2013-16, VoY and SR CCGs will ensure that the incidence of serious healthcare associated infections such as MRSA, *C. difficile* and gram negative BSI are reduced, emerging infections are appropriately managed and that cleanliness in our provider healthcare premises meets the highest standards by monitoring outcomes from HCAI reviews and provider Infection Prevention and Control audits.

The development of a unified approach across the whole health and social economy will ensure the delivery of high standards of infection prevention and control. Staff providing healthcare should be highly trained and fully competent to deliver high quality care in the prevention and treatment of infections.

Improved communication channels through robust meeting schedules will remove boundaries between organisations and encourage a culture of openness and willingness to share information pertaining to a person's infection needs plus any learning which will benefit service users and carers in understanding specific requirements for individuals.

The CCG and local authorities will work collaboratively to implement best practice across the Health and Social care economy. The Local Authorities will become a key member of the York and Scarborough IPC collaborative meeting to support the dissemination of lessons learnt and the development of action plans.

Service users will be confident that all premises, vehicles and equipment used in the delivery of healthcare across the spectrum of the whole health economy will meet minimum standards of cleanliness and be appropriate for purpose this will be monitored by exception reporting from outcomes of post infection reviews and root cause analysis.

NHS VoY and SR CCGs will work collaboratively with local authorities and provider organisations to actively seek out opportunities to engage with the public to raise the profile and improve public perception of infection prevention and control and educate the public.

The challenging economic future facing the NHS highlights our need to maintain quality and focus on innovation, productivity and prevention whilst ensuring that all healthcare providers are compliant with regulatory requirements and meeting contractual obligations.

6 Accountabilities, responsibilities and organisational framework

Assurance of infection management, decontamination, cleanliness as well as adherence to policy and guidelines by all providers is provided to the, York and Scarborough IPC Collaborative (please see meeting structure attached appendix 1)

VoY and SR CCGs in partnership with commissioners, Public Health England, City of York Council and North Yorkshire County Council, Providers and other key stakeholders across the

whole health economy to reduce the incidence and impact of HCAI. Information will be shared so that the whole patient experience can be enhanced and policy, practice and procedures will be standardised.

The CCG's Directors of Quality and Governance/Executive Nurse are the Executive Leads for Infection Prevention & Control and have overall responsibility and accountability for the organisations Infection Prevention, Management and Control. The Infection Prevention and Control Leads are responsible for:

- Overseeing local approaches to the infection prevention and control policies and their implementation;
- Confirming inappropriate practice and inappropriate antibiotic prescribing decisions;
- Producing an annual report regarding compliance with good practice on infection prevention and control and make it available.

In addition to the Executive Lead for Infection Prevention and Control the CCG's Infection Prevention & Control Lead Nurse will also contribute to the responsibilities above and will form part of the core membership of the York & Scarborough Infection Prevention and Control Collaborative. The Infection Prevention & Control Lead Nurse is responsible:

- for leading on the development of robust systems for infection prevention and control
- providing specialist expert advice
- strategic support to CCGs in line with national infection control frameworks and guidance
- will work with the Associate Director of Nursing, Quality and Performance Improvement (SRCCG) and Head of Quality Assurance and Maternity (VoYCCG)

Key Infection Prevention and Control Forums

6.2.1 York and Scarborough Infection Prevention and Control Collaborative (Appendix 1)

The joint York and Scarborough CCGs' Infection Prevention and Control Group membership includes representation from both York and Scarborough Councils, with the aim of supporting collaborative working across both health and social care. The meeting provides assurance for a forum or Board that Providers across the health and social care economy have appropriate systems and processes in place to assist and demonstrate good clinical practice. The meeting also provides a platform for professionals to confirm and challenge ensuring that learning across the health economy is shared. The group meets bimonthly and feeds into the VoY Quality and Patient Experience Committee and the SR CCG Quality and Performance Committee

6.2.2 Vale of York & Scarborough & Ryedale Community Health Care Acquired Infection (HCAI) review Group

In view of the expanding HCAI agenda it has been agreed there is a requirement to put in place a more robust process for the review of community attributed HCAI cases. The agreed amended process is one meeting will take to incorporate all HCAI's in line with Public Health England (PHE) guidance. The aim of this group will be to agree 'no lapse in care' for cases of HCAI attributable to primary care.

6.2.3 York Foundation Trust HCAI Reviews

The current process for the review of MRSA Blood Stream Infections and *Clostridium difficile* cases will continue. Each case is reviewed as they occur with commissioner involvement to agree “lapses in care”. This process will need to expand from moving forward to include all cases of HCAI in line with Public Health England (PHE) guidance.

7 Success

The success of this strategy relies on the whole health economy assuming responsibility for infection prevention and control, with shared ownership across all organisations.

The strategy will be monitored through:

- The incidence of avoidable infections is reduced year on year in line with national objectives
- All environments exceed minimum standards of cleanliness.
- There is a unified and standard approach to infection prevention across the health and social care economy.
- We are assured that our patients feel safe

8 Implementation and Measuring Improvement

8.2 Context

There are inherent difficulties in measuring improvements in infection prevention and control due to a lack of good scientific data, therefore much evidence is based on good practice that has proved to be effective.

HCAI infections are a reliable indicator of the effectiveness of infection prevention and control measures. The Department of Health has identified Zero tolerance to MRSA Bloodstream Infections (BSI) and has set objectives for *Clostridium difficile* for both provider and commissioner organisations with a focus on preventable infections. In addition to these infections there is a focus to reduce preventable Gram negative BSI by 50% by 2021.

8.3 CCG Approach

Commissioners of services have a duty to set standards and monitor the quality of services providing healthcare. The standards will be outcome focused and regular monitoring will drive quality improvements that will be reported via the CCGs performance HCAI dashboard, quality reports by exception and the CCGs Corporate Performance Report. Commissioners will work with provider organisations through existing quality routes to gain assurance that providers are demonstrating compliance.

Commissioners will provide challenge and monitor the incidence of infection and good practice through review of quality schedules at the Provider Contract and Quality Meetings and monitoring CQC inspection reports.

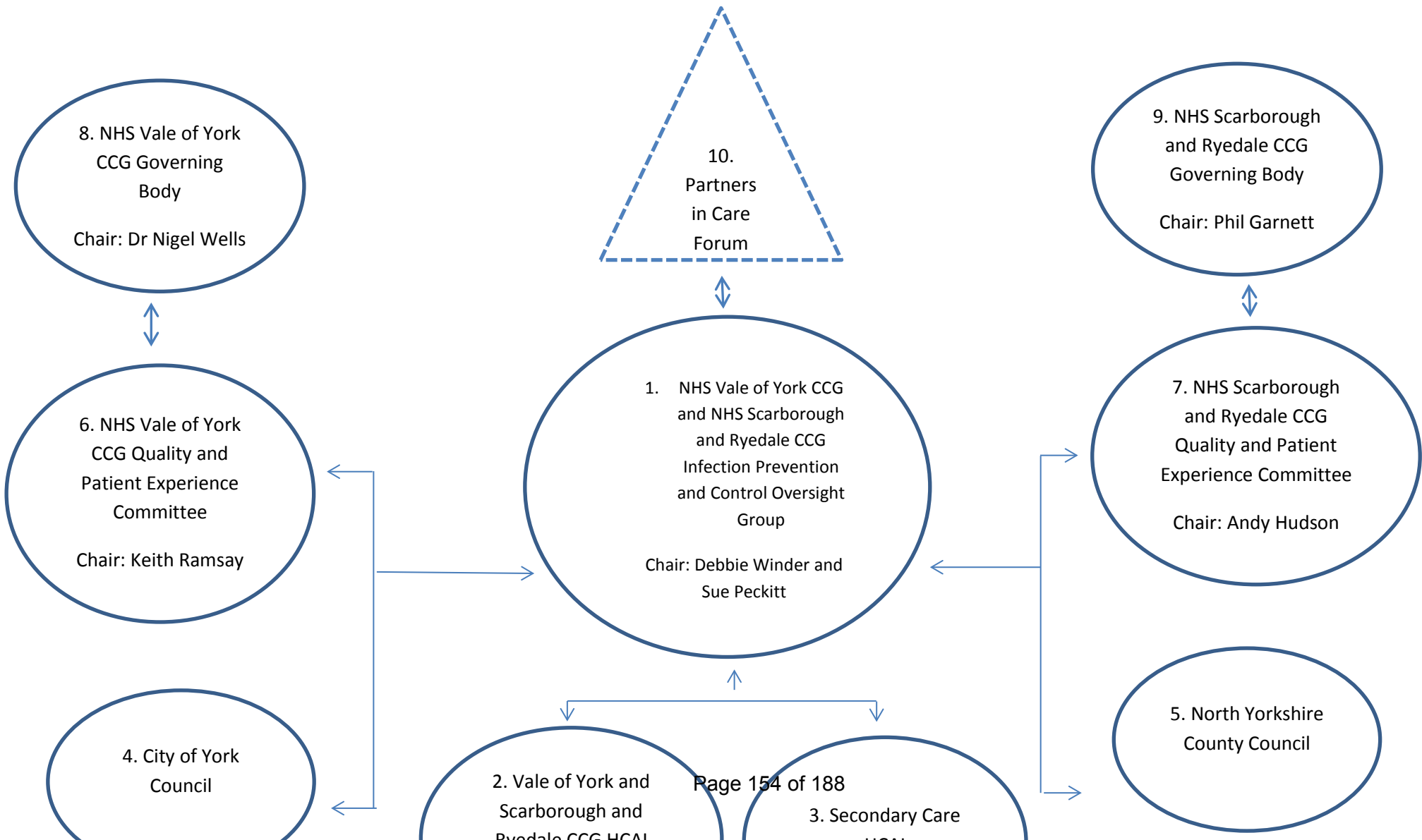
9 Priorities


The priority for the next three years is to build upon the existing success to make further reductions in the number of preventable HCAI's and improving patient confidence and experience of our commissioned services. This will be achieved by working in partnership across the health and social care economy to ensure all providers strive to deliver high standards of care.

An annual plan developed in collaboration with commissioned services prioritises key areas of work which will impact on patient outcomes and the reduction of HCAI. This will include work around;

- the national ambition to reduce Gram negative bloodstream infections including reviewing cases of E. coli BSI to identify themes and trends to inform improvements
- reducing the number of inappropriate antibiotic prescribing for Urinary tract infections in primary
- undertake Root Cause Analysis for all cases of *C diff* and MRSA Bacteraemia to identify themes and trends to inform improvements

10. Appendix 1: Vale of York and Scarborough and Ryedale CCG Infection Prevention and Control Reporting Structure



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| Item Number: 12 | |
| Name of Presenter: Michelle Carrington | |
| Meeting of the Governing Body Date of meeting: 3 January 2019 |  Vale of York Clinical Commissioning Group |
| Report Title – Designated Professionals for Safeguarding Adults Annual Report 2017/18 | |
| Purpose of Report <i>(Select from list)</i> To Receive | |
| Reason for Report The annual report provides a summary of the work of the safeguarding adults team in 2017/18 and indicates challenges and priorities for 2018/19. | |
| Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability | |
| Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council | |
| Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities | Covalent Risk Reference and Covalent Description |
| Emerging Risks (not yet on Covalent) N/A | |
| Recommendations N/A | |

| Responsible Executive Director and Title | Report Author and Title |
|--|--------------------------------|
| Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse | Designated Professionals |

SAFEGUARDING ADULTS
ANNUAL REPORT 2017-18

| | |
|--|---|
|  Scarborough and Ryedale Clinical Commissioning Group |  <i>Harrogate and Rural District</i> <i>Clinical Commissioning Group</i> |
|  Hambleton, Richmondshire and Whitby Clinical Commissioning Group |  <i>Vale of York</i> <i>Clinical Commissioning Group</i> |

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Named GPs for Safeguarding Adults

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Safeguarding Adult Annual Report 2017-18

1 Introduction

- 1.1 The Safeguarding Adults Annual Report 2017-18 describes the work undertaken by the Safeguarding Adults team on behalf of the four Clinical Commissioning Groups (CCGs) in North Yorkshire and York.
- 1.2 This is the first stand-alone annual report for the safeguarding adult team as previously the service was provided under the contractual arrangements with the Partnership Commissioning Unit (PCU) and a summary of the work was provided in the PCU annual report
- 1.3 The report will describe the national context for safeguarding adults; the local arrangements in place and how the CCG discharges its duties in relation to them; key achievements in 2017/18 and key priorities and challenges for 2018/19.
- 1.4 The report also introduces the new Safeguarding Adult Strategy against which future reporting will be measured

2. National Context 2017-18

2.1 The Care Act

The Care Act 2014 (enacted 2015) placed adult safeguarding on a legal footing and identifies CCGs as key partners in safeguarding. Local Authorities safeguarding duties under the Care Act include:

- Leading a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens
- Making enquiries, or requesting others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- Establishing Safeguarding Adults Boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- Carrying out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- Arranging for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

The three statutory partners of the Safeguarding Adult Board are the Local Authority; the Police; and the NHS (CCG).

2.2 Prevent Duty

The Prevent statutory duty, introduced through the Counter-Terrorism and Security Act 2015, requires local authorities, schools, colleges, universities, health bodies, prisons and probation, and police to have '*due regard to the need to prevent people from being drawn into terrorism*'. The duty helps ensure that individuals who might be at risk of radicalisation are supported as they would be under other safeguarding processes.

2.3 NHS Outcomes Framework

The NHS Outcomes Framework 2017 identifies that sustainable quality improvements are achieved when the focus is on outcomes, rather than being process driven. The NHS Outcomes Framework sets out five overarching high-level outcome domains for quality improvements. In terms of safeguarding, all CCGs must gain assurance from their commissioned services in two areas:

Domain 4: Ensuring people have a positive experience of care.

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

2.4 NHS England Assurance Framework

NHS England's Safeguarding Accountability and Assurance Framework (2015) clearly outlines the safeguarding roles, duties and responsibilities of CCGs and organisations who commission NHS health and social care. The framework identifies how these roles are discharged; how statutory duties are fulfilled across the health system; how the health system works in partnership with the Local Authorities to discharge its statutory safeguarding duties; and how the performance of the wider NHS with respect to the duties and priorities defined elsewhere will be delivered and assured

2.5 Mental Capacity Act and Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

In some cases, people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. Where this care might involve depriving vulnerable people of their liberty in either a hospital or a care home, extra safeguards have been introduced, in law, to protect their rights and ensure that the care or treatment they receive is in their best interests. The deprivation of liberty safeguards were introduced to provide a legal framework around the deprivation of liberty.

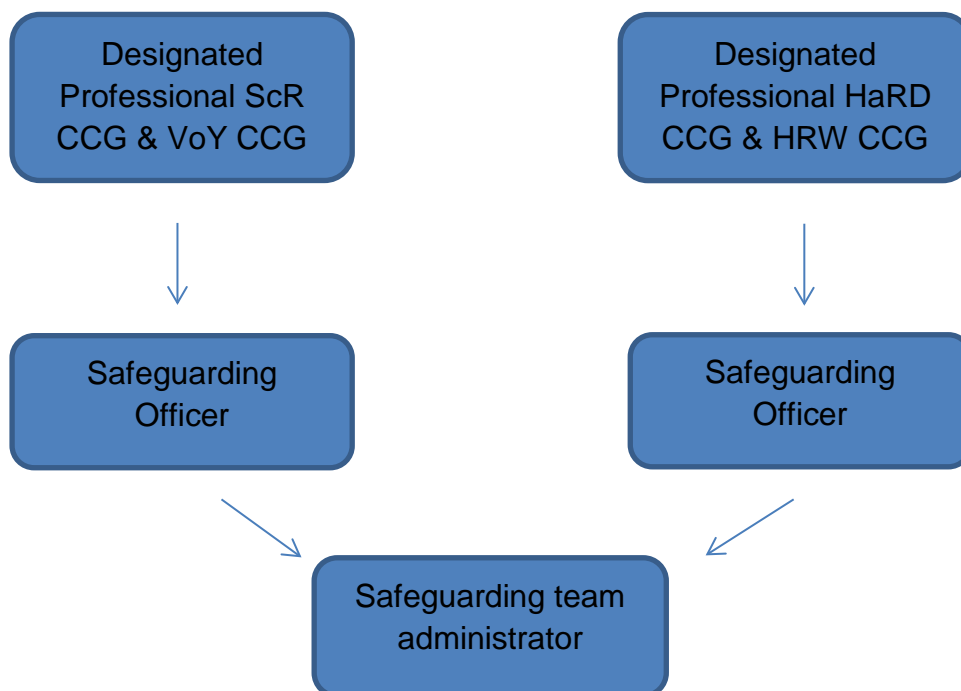
A review of this legislation is currently underway following a national consultation process completed by the Law Commission.

3. The Safeguarding Adult Team

3.1 New CCG arrangements

Since the dissolution of the Partnership Commissioning Unit in April 2017 NHS Scarborough and Ryedale CCG (ScR) became the host of the Safeguarding Adults function on behalf of the NHS Harrogate and Rural District CCG (HaRD); NHS Hambleton, Richmondshire and Whitby CCG (HRW); and NHS Vale of York CCG (VoY). This move secured the natural alignment with safeguarding children and safeguarding in primary care. Responding to changes brought about by the Care Act and following consultation with staff a new model for adult safeguarding has been put in place. The new model has enabled recruitment to a second Designated Professional post providing increased expertise across the CCG footprint in parity with the children's designated team.

Table below illustrates the new arrangements:



3.2 Current team, hours contracted and line management arrangements

| Role | Whole Time equivalent | Line Managed by |
|---|-----------------------|--|
| Designated Professional | 2 wte | Associate Director of Nursing, Quality and Performance Improvement ScR CCG |
| Nurse Consultant for Primary Care (adults and children) | 1.0 wte | Executive Nurse ScR CCG |
| Named GP (1 per CCG) | X1 PA per CCG | Individual CCG Executive Nurse |
| Safeguarding Officers | 2 wte | Designated Professional |
| Team Administrator | 1 wte | Designated Professional |

4.0 Summary of Contributions and Achievements in 2017/18 with key priorities for 2018/19

4.1 Governance & Assurance

4.1.1 The team is newly established with a second Designated Professional commencing in post within the year and a modified role across two CCGs for the safeguarding officers. The changes have increased the skills and experience of the team; enabling a strengthened strategic and operational contribution to the work of the two Safeguarding Adult Boards. *Key priorities in 2018/19 will be continuing the development of the team; establishing clear functions in line with CCG quality teams; and local authority and health partners.*

4.1.2 The Designated Professionals prepare and present a report on local and national safeguarding adult work at each of the four CCGs' Quality Committee for assurance and onward escalation to Governing Bodies where required.

4.1.3 The Designated Professionals have worked together with the Nurse Consultant for Primary Care and the Designated Nurses Safeguarding Children to share and streamline attendance at joint strategic meetings with shared agendas. This has made better use of time and resource and has avoided duplication of resource. This has been particularly effective in Prevent/Channel processes; Domestic Abuse; Modern Slavery; Serious and Organised Crime; Local Safeguarding Groups. *Key priorities in 2018/19 will be further joint working with Children's Safeguarding colleagues.*

4.1.4 The Designated Professionals have worked together with CCG colleagues to embed the adult safeguarding reporting against local quality requirements (LQRs) in

NHS provider contracts. The key secondary care, community and mental health providers have made noticeable progress on reporting standards.

4.1.5 The Designated Professionals have become members of sub-CMB quality monitoring meetings for relevant NHS contracts with negotiated agreements of safeguarding reporting in meeting agendas. *Key priorities in 2018/19 will be enhancing current arrangements and developing innovative assurance arrangements for new models of care e.g. Aligned Incentive Contract*

4.1.6 The Designated Professionals have joined the Strategic Governance Groups of two large secondary care providers providing an opportunity to share expertise and learning and support development of adult safeguarding practice in challenging care environments.

4.1.7 The Designated Professionals advise and support on the adult safeguarding requirements during the procurement process for new and revised contracts. Most notably in 2017/18 the team were involved in developing the specifications for the new community contract in Scarborough and Ryedale CCG.

4.1.8 The Designated Professionals are established members of the Serious Incident panel providing critical challenge to Serious Incident reports and linking NHS clinical incidents in with multi-agency safeguarding processes where appropriate. *Key priorities in 2018/19 will be embedding pathways for sharing learning across health providers and wider networks and enhancing links to ensure a consistent approach across the CCGs.*

4.1.9 The Designated Professionals have worked in conjunction with colleagues to support attendance at MAPPA (Multi-Agency Public Protection Arrangements) meetings. The process initially developed by the Designated Safeguarding Children Nurses has become better established providing agreed relevant and proportionate information-sharing to primary and secondary care practitioners to reduce the risk to children, vulnerable people and health-care staff.

4.1.10 The Safeguarding Adult Officers have made a considerable contribution to safeguarding enquiry work and have had involvement with over a hundred and twenty cases. The involvement ranges from sharing information; providing health advice; and undertaking joint investigations with the local authority safeguarding teams. *Key priorities for 2018/19 will be to develop the Safeguarding Officer role to maximise the best use of resource.*

4.1.11 Working in collaboration with partners in North Yorkshire County Council and City of York Council the safeguarding team have completed over forty assurance and support visits in 2017/18 to independent care providers across the North Yorkshire region. A key part of this role is identifying and responding to concerns which may give early indications of poor standards and the need for increased support to return to a safe level of care. *Key priorities for 2018/19 will be working in*

closer alignment with the CCG quality teams to further develop and streamline this function.

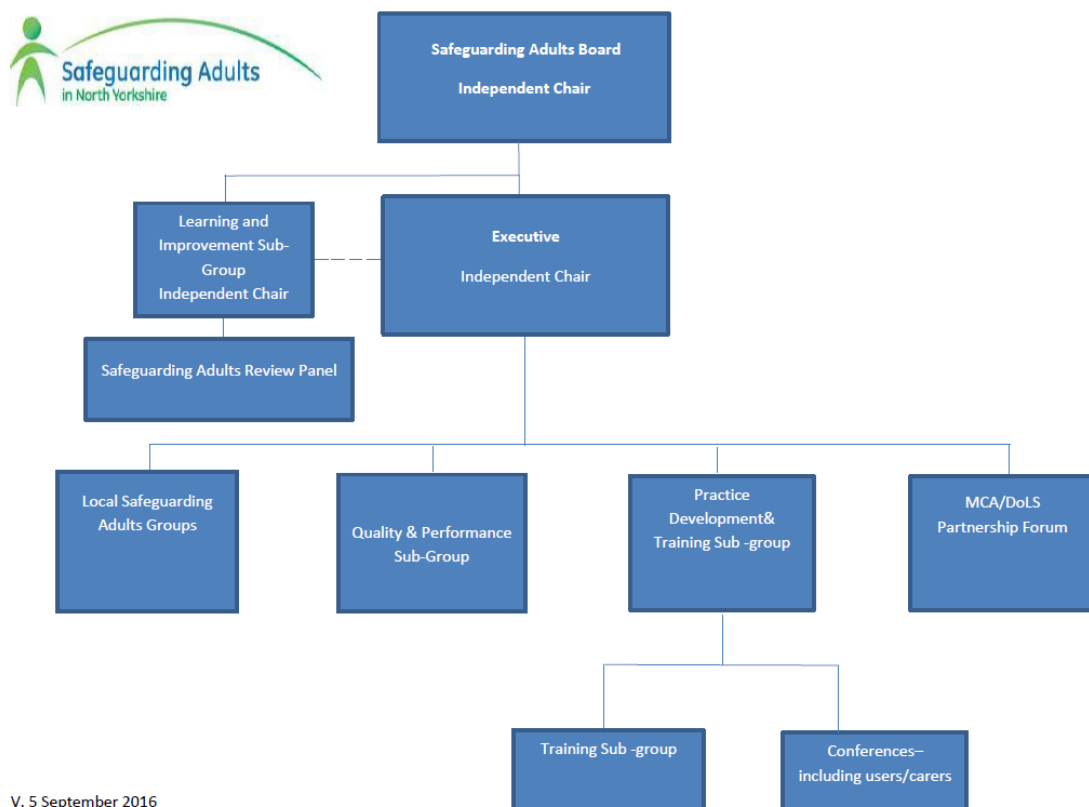
4.1.12 The Designated Professionals became ‘Local Area Contacts’ for the NHS England Learning Disability Mortality Review (LeDeR) programme in early 2018. Information is now received directly when a death of someone with a learning disability is referred for review. Links are made with any existing review processes and support for the programme is being progressed across provider services and GP practices. Independent health-care providers Spectrum have been completing cases which were early referrals into the programme. *Key priorities in 2018/19 will be developing local processes to review deaths and create an effective pathway for learning from deaths and improving services for people with a learning disability.*

4.2 Partnership Working

4.2.1 North Yorkshire Safeguarding Adults Board

This year has been one of great change for the North Yorkshire Safeguarding Adults Board (SAB), with the untimely death of the Independent Chair, Colin Morris, in January. Colin is much missed and gratitude has been expressed for his passion and commitment to the Board and its work.

The SAB Governance structure is illustrated below:



1

4.2.2 Attendance from CCG representatives at SAB is summarised below:

| <u>Dates 2017/18</u> | <u>CCG Executive lead or deputy</u> | <u>Designated Professional</u> | <u>Nurse Consultant Primary Care</u> |
|----------------------------------|-------------------------------------|--------------------------------|--------------------------------------|
| <u>21st June</u> | ✓ | ✓ | ✓ deputy |
| <u>20th September</u> | ✓ | ✓ | ✓ |
| <u>13th December</u> | ✓ | ✓ | ✓ |
| <u>21st March</u> | ✓ | ✓ | ✓ |

4.2.3 The Designated Professionals and Nurse Consultant have actively contributed to the following NY SAB subgroups – each is held quarterly:

Executive Group – is responsible for overseeing the strategic management of safeguarding adults work in North Yorkshire by monitoring the work of the Sub Groups, and the Delivery Plan. This group is also responsible for ensuring processes carried out by the Board are done so effectively. Key recommendations are made by this Group for consideration by the Board.

Learning and Improvement - the main focus of the group this year has been commissioning and reviewing the findings of the Safeguarding Adults Review (SAR) - Mrs A. The group has considered how the recommendations in the report can be implemented across all Board partners, and has drafted an Action Plan which includes actions for all partners and will enable the Board to measure the improvements made.

In line with the recommendations and the learning from the Board's first SAR, the group will be working on a SAR Framework over the next year to ensure that SARs are well conducted and that Board partners are held accountable for the recommendations, learning and any subsequent changes that are identified during the course of the reviews. Learning from the SAR has been included in the 2018/19 'Hot Topics' training for GP practices.

Practice Development and Training - the group has focused on the revision of joint multi-agency safeguarding adult policy and procedures, with additional meetings taking place across the year to monitor and steer the implementation to ensure that all partners are ready for introduction in April 2019. The group has also started work on the development of a Pressure Ulcer Decision Support tool in line with the Department of Health's updated guidance on when to raise a safeguarding concern. The group has contributed to the updating of the safeguarding training for NYCC staff and care providers.

Quality and Performance – chaired by the CCG Designated Professional - the group has continued to analyse cases which require 'No Further Action' under

safeguarding to understand if all appropriate action was taken. It has continued to analyse and monitor all safeguarding data to identify trends and areas for improvement. The focus of the group over the coming year will be to improve data recording and collection to determine whether individuals' outcomes have been met (making safeguarding personal). Further, it will identify those people who are regularly the subject of safeguarding concerns and understand how their needs could be met in a better way to prevent future safeguarding concerns being raised.

Mental Capacity Act Partnership Forum – a key priority for this group is to raise awareness and understanding across the partnership of issues around the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

The group has undertaken a large piece of engagement work across North Yorkshire to ensure the MCA is embedded across the County, with practitioners having a clear understanding of the key principles and the two stage test for capacity.

The group shares updates in case law and practice examples to support practice development. Group members have followed the progress of the Law Commission's consultation and review of MCA & DoLS.

Local Safeguarding Adults Groups – the revised governance structure has ensured a clearer link from the SAB to local groups. At a local level across the County, the lead safeguarding representatives for each partner agency meet quarterly to ensure information is received from the Board on practice, delivery, and lessons learned. Active discussion takes place to resolve local issues and informs the Board of progress made locally to meet the strategic objectives.

LSAG meetings cover the four locality areas as follows: Craven and Harrogate; Hambleton and Richmondshire; Scarborough, Whitby Ryedale; and Selby.

The CCG Safeguarding Adults team have had challenges in attending these groups but have agreed upon a team-sharing of responsibilities to ensure improvement in future attendance.

4.2.4 NY SAB Key areas of Achievement in 2017/18:

- Commissioning an Independent Review of Safeguarding Practice that identified strengths and where SAB can make improvements, to feed into the work to prepare for the new multi-agency policy and procedures, and help shape priorities for the next three years.
- Commissioning and publishing the first Safeguarding Adults Review (SAR), looking at how we can learn across the partnership from its findings.
- Delivery with all the Safeguarding Boards and Community Safety Partnerships in North Yorkshire and York of events during Safeguarding Week on a theme of "Safeguarding is Everybody's Business". These included locally organised public-facing events and a countywide Conference with national speakers for

over 340 health and social care professionals who took part in workshops covering different aspects of safeguarding.

- A survey carried out by Healthwatch to explore levels of awareness of staff, managers and the public about safeguarding.

4.2.5 Key Areas of Development for 2018/19:

- A huge amount of work will be carried out during 2018/19 to prepare for implementation of new multi-agency safeguarding Policy and Procedures from April 2019. This will include developing guidance and training for staff across the partnership to support a more person-centred approach to safeguarding.
- Nationally, upcoming changes to the Mental Capacity Act and Deprivation of Liberty Safeguards will see major changes to current process and legal responsibilities and the Board will be working to ensure that all partners are ready for this change.
- The Board will continue to foster a culture of continuous learning and improvement across all partners, ensuring that it is open and transparent and able to demonstrate that it has listened and taken action.
- The Board will continue to build closer ties with the North Yorkshire Children's Safeguarding Board and Community Safety Partnerships over the next year, particularly looking at how staff working together in the same local area can work together as effectively as possible.
- The Board remains wholly committed to hearing from those it serves and being inclusive and accessible. Building on the Healthwatch survey, it will look at the outcome of the engagement around the Mental Capacity Act and what it tells us about the views of people and staff about the Mental Capacity Act.

4.2.5 Operational Data

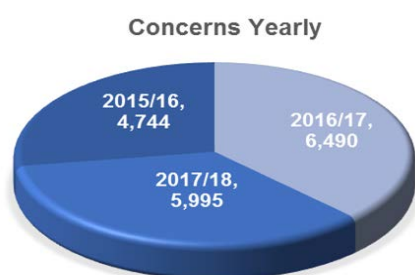


Table 1.

Table 1 illustrates the number of safeguarding adults concerns raised within the NYSAB area on a yearly basis over the past 3 years. The number of concerns for 2017/18 has reduced by 7.6% compared to the previous year. The reductions largely relate to improved reporting practice by the Police and Ambulance Service

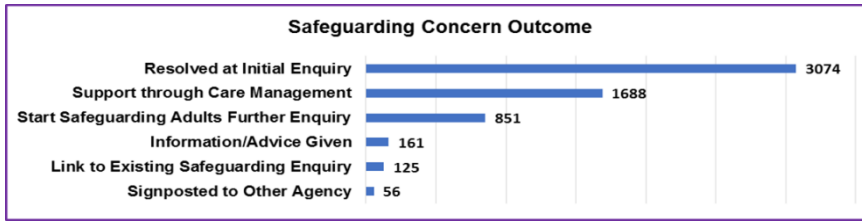


Table 2.

Table 2 illustrates the outcome of the 5,995 concerns raised within the NY SAB area for the period 2017-2018.

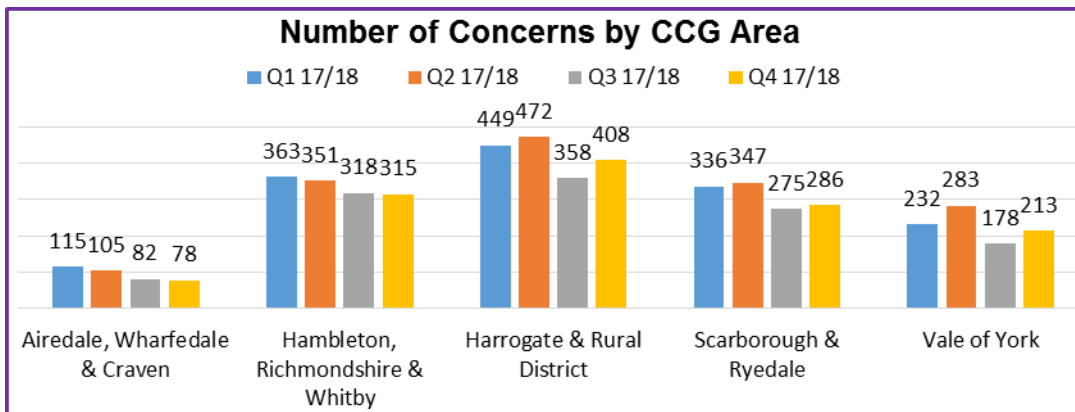


Table 3.

Table 3 illustrates the number of concerns raised by CCG area (please note that City of York SAB information is not included within this data).

Females continue to have more concerns raised than males, which is a similar pattern to last year, and reflects the national position. The largest number of concerns received remains in the 85-94 age range. This is closely followed by people in the age range of 75-84.

The full North Yorkshire Safeguarding Adults Board Annual Report is available at <http://www.nypartnerships.org.uk/sabannualreports>

4.3 City Of York Safeguarding Adults Board

The 2017/18 year has been a busy and eventful one for the City of York Safeguarding Adult Board (CoY SAB). The SAB has a strong focus on partnership working, with 12 different member organisations represented on the Board.

4.3.1 Attendance from CCG representatives at SAB is summarised below:

| <u>Dates 2017/18</u> | <u>CCG Executive lead or deputy</u> | <u>Designated Professional</u> |
|---------------------------------|-------------------------------------|--------------------------------|
| <u>2nd June</u> | ✓ | ✓ |
| <u>1st September</u> | ✓ | ✓ |
| <u>1st December</u> | ✓ | ✓ |
| <u>2nd March</u> | ✓ <u>deputy</u> | ✓ <u>deputy</u> |

NB. The Nurse Consultant for primary care attends the City of York SAB as agreed by invitation to provide an update of her work with primary care.

4.3.2 The Designated Professionals and Nurse Consultant have actively contributed to the following CoY SAB subgroups – each is held quarterly:

Quality and Performance – the group has begun development of a quality framework to reflect the contributions made to safeguarding by all partners. This has proved to be a challenging piece of work and work on the framework will continue in 2018/19. The group has also supported development of a case audit tool which has been tested by the City of York Safeguarding team and can also be used by multi-agency partners.

Training and Development – this group has focused on the revision of joint multi-agency safeguarding adult policy and procedures for launch in May 2018. Local Operational Guidance has also been updated to reflect the changes. The training offer for the council and wider workforce has seen 57 courses relating to adult safeguarding; and Mental Capacity Act & Deprivation of Liberty Safeguards delivered to almost 600 delegates.

Safeguarding Adult Review/Learning Lessons Review – chaired by the CCG Designated Professional this group reviews cases for consideration of a Safeguarding Adult Review (SAR) or alternative learning lessons process. There were no SARs recommended to the SAB Chair to be conducted in 2017/18. There are currently two cases which are in the early stages of the lessons learned process. The group received assurance of the completed action plan in relation to ‘Bernice’ the learning lessons review reported in 2017.

4.3.3 City of York SAB Key areas of Achievement in 2017/18:

- Delivery with all the Safeguarding Boards and Community Safety Partnerships in North Yorkshire and York of events during Safeguarding Week on a theme of “Safeguarding is Everybody’s Business”. These included locally organised public-facing events and a countywide Conference with national speakers for over 340

health and social care professionals who took part in workshops covering different aspects of safeguarding.

- Increased membership of SAB to include Trading Standards following the SAB development day in February 2018 titled 'A Different Dimension of York'. The day included Organised Crime, Action by Trading Standards against scamming, Harm Reduction measures and the implications in adulthood for childhood victims of sexual abuse.
- Adopted new Joint Multi-Agency Safeguarding Adult Policy and Procedures – two multi-agency workshops were held to launch the new procedures. The workshops were co-facilitated by safeguarding leads from the local authority; the police and the CCG.
- Year 2 of the 2016-2019 Strategic Plan showed good progress and achievement across all areas of the management plan actions. Only one item will be carried forward which is the creation of a forum for users involved in safeguarding.

4.3.4 Key Areas of Development for 2018/19:

- Establish a forum for safeguarding service users with the assistance of York Community Voluntary Services.
- Work with partners across the region to raise the profile of safeguarding in a designated Safeguarding Week in 2019.
- Continue to work with the West Yorkshire, North Yorkshire and York Safeguarding Consortium to implement and embed the revised multi-agency policies and procedures.
- Establish effective links between the three SAB subgroups
- Completion of the final year of the 2016-19 Strategic Plan with a planned development day in February 2019.

4.3.5 Operational Data

1,052 safeguarding concerns were raised with the Council during 2017/18, a decrease on 2016/17 when there were 1,215 concerns raised.

374 proceeded to a section 42 enquiry.

Making Safeguarding Personal = 63% of those who expressed an opinion had their desired outcomes fully achieved whilst 33% were partially achieved. The partial achievement reflects the often complex nature of safeguarding cases.

The full City of York Safeguarding Adult Board Annual Report is available at <https://www.safeguardingadultsyork.org.uk/the-board/annual-reports/>

5.0 Primary Care

5.1.1 The Nurse Consultant and Named GPs have developed a generic local Primary Care Safeguarding Adults Policy which reflects national, local and legal guidance for use within practices. Additionally guidance on the Management and Coding of Safeguarding information within Practices has been developed and continues to evolve along new initiatives and developments within safeguarding and Practice. Work has been undertaken to ensure there are robust information sharing pathways and links with MARAC and MAPPA processes. Work is ongoing in developing a process to risk assess and manage the non- attendance of vulnerable adults at health appointments. The Named GP for HaRD CCG has secured a role as the RCGP Clinical Champion for Safeguarding. A key aspect of this role is the development of the RCGP Adult Safeguarding Tool Kit with which the Nurse Consultant is also involved.

5.1.2. All North Yorkshire GP practices have completed the NHSE Safeguarding self-assessment audit in order that areas of risk can be identified and gaps addressed. Support in completing this assessment tool has been offered to all Practices via the safeguarding team. The completion of this self-assessment has enabled practices to audit their own practice systems and processes relating to safeguarding to determine whether practices are up to date with statutory requirements and standards for good practice. Where areas for development are identified within practices, support has been offered by the Nurse Consultant and Named GPs to ensure that risks are appropriately addressed and effective safeguarding arrangements are in place. The self-assessment audit process will be repeated in the April 2018 thereby ensuring that any identified areas for development have been actioned.

5.1.3. The development of 'Hot Topics' safeguarding level 3 training sessions as a dedicated educational programme which aims to enhance training capacity, accessibility and ensure quality of the provision has been a key success. These sessions offer bite size discussions of local and national case studies and safeguarding issues relevant to Primary Care practice, providing key links to further information and training. In 2017- 2018 - 468 staff received training on MAPPA; Self-Neglect; Homelessness; Herbert Protocol; and Managing Allegations of Persons in a Position of Trust. The team additionally offered Level 1 safeguarding awareness sessions to administration staff and including engagement at safeguarding leads meetings. The total number of primary care staff receiving safeguarding adult training in 2017-18 was 881.

6.0 Safeguarding Strategy 2018-2021

The new strategy for Safeguarding Adults is now in place. The implementation of the strategy will be measured through a joint Safeguarding Adult Team and Primary Care Safeguarding Team annual work-plan which will be updated on a quarterly basis and presented at the CCG Quality Committees.

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Chair's Report: Audit Committee

| | |
|-----------------|------------------|
| Date of Meeting | 29 November 2018 |
| Chair | Phil Goatley |

Areas of note from the Committee Discussion

- The Committee welcomed the generation of a constitution for the CCG. This was a positive step in developing the governance arrangements of the organisation.
- The Committee focused on a number of areas - such as risk management, responding to internal audit, dealing with freedom of information requests, and maintaining information governance and counter fraud measures and security - in moving from narratives that explain activity to driving a culture of learning lessons from experience and demonstrable accountability for delivered outcomes. Evidence of this culture change was starting to be seen across the CCG which the Audit Committee very much welcomed.
- The Committee sees as a very positive development the generation of a Business Assurance Framework which will provide a means to demonstrate how the CCG draws on various information sources to provide senior leaders with assurance that key outcomes both for patients and the organisation internally are being delivered. This should also be a key deliverable in providing a strong narrative that would allow the CCG to exit legal Directions.
- The Committee was really pleased to see the progress being made to improve the accountability for and delivery of actions which meet the requirements of the agreed internal audit recommendations, so that these can be discharged. This was still work in progress against the 31 December 2018 expected completion date. However the work to date led by the Chief Finance Officer has seen a significant number of audit recommendations now with meaningful narrative explaining how they have been delivered and, where this is planned to be at a future date, realistic forward delivery dates have been fixed and cogent reasons given for delays in implementation where this is necessary.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Chair's Report: Executive Committee

| | |
|-----------------|------------------------------------|
| Date of Meeting | 17 October, 7 and 21 November 2018 |
| Chair | Phil Mettam |

Areas of note from the Committee Discussion

The Committee has been focused on the financial position for the current year, preparations for the winter period and also the emergency and urgent care system as we move into 2019/20.

The Committee has also received a range of corporate and governance issues including the patient relations system and the forward plan for internal audit.

The Commissioning Intentions for 2019/20 were in the early stages of development and the Committee started to frame the service priorities.

Areas of escalation

None

Urgent Decisions Required/ Changes to the Forward Plan

None

Chair's Report: Finance and Performance Committee

| | |
|-----------------|---------------------------------|
| Date of Meeting | 25 October and 22 November 2018 |
| Chair | David Booker |

Areas of note from the Committee Discussion

25 October

- The Committee noted and commended the extensive work by the Senior Management Team regarding the CCG's financial position. Appreciation was expressed for the assurance gained about close monitoring of issues and the assurance this also provided to the regulators. Continued intervention with all parties was needed.
- The Committee commended the new format of the Financial Performance Report.

22 November

- The Committee supported the clear and robust stance adopted by the Executive Team in respect of the Aligned Incentive Contract and the financial framework.
- The Committee received the independent report on the Aligned Incentive Contract noting its clear messages. The Accountable Officer and Chief Finance Officer would lead on the processes to share the learning with the system partners and the Committee Chair would write to thank the authors.

Areas of escalation

As described above.

Urgent Decisions Required/ Changes to the Forward Plan

N/A



Chair's Report: Primary Care Commissioning Committee

| | |
|-----------------|------------------|
| Date of Meeting | 22 November 2018 |
| Chair | Keith Ramsay |

Areas of note from the Committee Discussion

The Committee:

- Welcomed the positive start to Improving Access to General Practice Services noting that regular reviews would be provided
- Commended the completion of migration of all 61 General Practice premises to the new HSCN network
- Noted the proposed change of ownership of Terrington Surgery
- Approved the request for Practices to be allowed to close on the afternoons of protected learning time sessions

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Chair's Report: Quality and Patient Experience Committee

| | |
|-----------------|------------------|
| Date of Meeting | 13 December 2018 |
| Chair | Keith Ramsay |

Areas of note from the Committee Discussion


- The Committee's detailed focus on Child and Adolescent Mental Health Services recognised the investment made to date but also the need for further funding and capacity.
- The Committee emphasised the need for market management of care homes.
- The Committee welcomed the large scale transformation of district nursing. The significant work would produce results across the health economy and give parity of esteem.
- The Committee noted that development of the Community Strategy was key to progress.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

| | |
|--|---|
| Item Number: 18 | |
| Name of Presenter: Dr Kev Smith | |
| Meeting of the Governing Body |  Vale of York Clinical Commissioning Group |
| Date of meeting: | |
| Report Title – Medicines Commissioning Committee Recommendations | |
| Purpose of Report For Information | |
| Reason for Report | |
| The recommendations from the October and November 2018 Medicines Commissioning Committee are attached. | |
| Strategic Priority Links | |
| <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> System transformations <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Financial Sustainability <input type="checkbox"/> Sustainable acute hospital/ single acute contract | |
| Local Authority Area | |
| <input type="checkbox"/> CCG Footprint <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council | |
| Impacts/ Key Risks | Covalent Risk Reference and Covalent Description |
| <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities | |
| Emerging Risks (not yet on Covalent) | |
| Recommendations | |
| For information only | |
| CCG Executive Committee have approved these recommendations | |

| Responsible Executive Director and Title | Report Author and Title |
|--|-------------------------------------|
| Dr Kev Smith Director of Primary Care and Population Health | Faisal Majothi Senior Pharmacist |

Recommendations from York and Scarborough Medicines Commissioning Committee October 2018

| | Drug name | Indication | Recommendation, rationale and place in therapy | RAG status | Potential full year cost impact |
|---|--|------------|--|-----------------------|---|
| CCG commissioned Technology Appraisals | | | | | |
| 1. | Nil | | | | |
| NHSE commissioned Technology Appraisals – for noting | | | | | |
| 2. | TA540 : Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma | | <p>Pembrolizumab is not recommended for treating relapsed or refractory classical Hodgkin lymphoma in adults who have had autologous stem cell transplant and brentuximab vedotin. Pembrolizumab is recommended for use within the Cancer Drugs Fund as an option for treating relapsed or refractory classical Hodgkin lymphoma in adults who have had brentuximab vedotin and cannot have autologous stem cell transplant, only if:</p> <ul style="list-style-type: none"> pembrolizumab is stopped after 2 years of treatment or earlier if the person has a stem cell transplant or the disease progresses, and the conditions in the managed access agreement for pembrolizumab are followed. | n/a – as not approved | No cost impact to CCGs as NHS England commissioned. |
| 3. | TA541 : Inotuzumab ozogamicin for treating relapsed or refractory B-cell acute lymphoblastic leukaemia | | Inotuzumab ozogamicin is recommended, within its marketing authorisation, as an option for treating relapsed or refractory CD22-positive B-cell precursor acute lymphoblastic leukaemia in adults. People with relapsed or refractory Philadelphia-chromosome-positive disease should have had at least 1 tyrosine kinase inhibitor. | Red | No cost impact to CCGs as NHS England commissioned. |
| Formulary applications or amendments/pathways/guidelines | | | | | |
| 4. | Inguinal hernia pants | | Agreed to make Black as not a cost-effective use of NHS resources and lack of clinical evidence to support use. May be bought OTC if required. | Black | No cost impact to CCGs |

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| 5. | Aspirin in pregnancy | Agreed that in the first instance women would be asked to purchase aspirin and GP prescribing to be a backup. MCC approve the guideline developed by YFT to make GPs aware of the use of aspirin in pregnancy as per NICE. | Green | No significant cost to CCGs expected as indications are that many GPs are already prescribing for these indications if asked. |
| 6. | Leflunomide Shared Care Guideline (due for review) | Update of expired shared care guideline approved with no changes to monitoring requirements at this stage. | Amber SCG | No significant cost to CCGs expected. |
| 7. | Salsalazine Shared Care Guideline (due for review) | Update of expired shared care guideline approved with no changes to monitoring requirements at this stage. | Amber SCG | No significant cost to CCGs expected. |
| 8. | Azathioprine Shared Care Guideline (due for review) | Update of expired shared care guideline approved with no changes to monitoring requirements at this stage. Addition of atopic eczema (dermatitis) and inflammatory eye conditions as additional indications approved. | Amber SCG | No significant cost to CCGs expected. |
| 9. | Dementia Care Pathway AChEI Decision Aid | Updated pathway from TEWV to support updated NICE guidance approved subject to inclusion of information on when to consider use of memantine, and when to stop treatment. | Amber | Increased use of memantine in combination therapy may be an additional cost but still expect this to be used following specialist recommendation locally. Memantine 10mg x 28 days = £1.36 Memantine 20mg x 28 days = £1.65 |
| 10. | Simeticone liquid (Infacol) | Agree a RAG status for this formulary drug with which currently has no status. Use on endoscopy unit and general surgery to improve visibility by diminishing gastrointestinal bubbles. (N.B. Primary care prescribing for other indications is considered BLACK and patients to buy OTC) | RED – Trust uses | No significant cost to CCGs expected as as all the proposals are current practice. |
| 11. | Hydrocortisone injection 100mg | Agree a RAG status for this formulary drug with which currently has no status. In case need administering for anaphylaxis | GREEN | No significant cost to CCGs expected as as all the proposals are current practice. |

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| 12. | Sotalol | Agree a RAG status for this formulary drug with which currently has no status. | AMBER SPECIALIST RECOMMENDATION | No significant cost to CCGs expected as as all the proposals are current practice. |
| 13. | Dalteparin & Enoxaparin | Agree a RAG status for this formulary drug with which currently has no status. | See table attached | No significant cost to CCGs expected as as all the proposals are current practice. |
| 14. | Aminophylline | Agree a RAG status for this formulary drug with which currently has no status. | GREEN | No significant cost to CCGs expected as as all the proposals are current practice. |
| 15. | Theophylline | Agree a RAG status for this formulary drug with which currently has no status. | GREEN | No significant cost to CCGs expected as as all the proposals are current practice. |
| 16. | Sodium chloride 0.9% nebuliser | Agree a RAG status for this formulary drug with which currently has no status. (Note – Hypertonic is amber specialist recommendation) | GREEN | No significant cost to CCGs expected as as all the proposals are current practice. |
| 17. | Beclometasone Dipropionate (Clenil Modulite) Inhaler | Agree a RAG status for this formulary drug with which currently has no status. | GREEN | No significant cost to CCGs expected as as all the proposals are current practice. |
| 18. | Fluticasone Propionate (Flixotide) Inhaler | Agree a RAG status for this formulary drug with which currently has no status. Note: Not on asthma or COPD pathway | AMBER SPECIALIST RECOMMENDATION | No significant cost to CCGs expected as as all the proposals are current practice. |
| 19. | Montelukast | Agree a RAG status for this formulary drug with which currently has no status. | GREEN | No significant cost to CCGs expected as as all the proposals are current practice. |
| 20. | Hydroxyine Hydrochloride | Agree a RAG status for this formulary drug with which currently has no status. | GREEN | No significant cost to CCGs expected as as all the proposals are current practice. |
| 21. | Doxapram Hydrochloride (Dopram) | Agree a RAG status for this formulary drug with which currently has no status. | RED | No significant cost to CCGs expected as as all the proposals are current practice. |
| 22. | Poractant Alfa (Curosurf) | Agree a RAG status for this formulary drug with which currently has no status. | RED | No significant cost to CCGs expected as as all the proposals are current practice. |
| 23. | Codeine Linctus | Agree a RAG status for this formulary drug with which currently has no status. Agreed Black as per NHSE Items of Low Clinical Value and OTC Medicines that should not routinely be prescribed in primary care. | BLACK , patients should normally be advised to purchase OTC | No significant cost to CCGs expected. |
| 24. | Pholcodine Linctus (Pavacol D) | Agree a RAG status for this formulary drug with which currently has no status. | BLACK , patients should normally | No significant cost to CCGs expected. |

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| | | Agreed Black as per NHSE Items of Low Clinical Value and OTC Medicines that should not routinely be prescribed in primary care. | be advised to purchase OTC | |
| 25. | Simple Linctus | Agree a RAG status for this formulary drug with which currently has no status. Agreed Black as per NHSE Items of Low Clinical Value and OTC Medicines that should not routinely be prescribed in primary care. | BLACK , patients should normally be advised to purchase OTC | No significant cost to CCGs expected. |
| 26. | Ulipristal acetate (Esyma®) 5mg for uterine fibroids | Approved change in RAG status from Red Black following changes in product license and recently safety concerns re liver impairment. Also YFT Clinicians have indicated that they no longer wish to use. | Black | No cost impact to CCGs expected. |
| 27. | Gluten Free Prescribing | The MCC wishes to highlight the potential changes to the Drug Tariff from December 2018 around Gluten Free prescribing. Nationally is it is proposed that prescribing be restricted to Gluten free bread (incl rolls, part baked bread and pizza bases), and Gluten free mixes only. | n/a | Potential cost saving to CCGs. Implications for ScR CCG as flours will no longer be prescribable. |

Proposals for LMWH

- Dalteparin LMWH of choice , unless GFR<30 ml/min then use enoxaparin.

| Treatment or prophylaxis | Indication | Proposal |
|---------------------------------|---|---|
| Treatment | DVT and PE treatment – early treatment prior to warfarin in therapeutic range (typically less than a week) | GREEN |
| Treatment | Patients with diagnosis e.g. prosthetic valves and arterial thrombosis where high risk of thrombosis treated with warfarin and temporarily outside therapeutic range | GREEN (Responsibility of the service monitoring INRs e.g. anticoagulant clinic or GP) |
| Treatment | Pre-operative use as replacement for warfarin where indicated | RED |
| Treatment | DVT/PE treatment - full anticoagulation required but warfarin not tolerated or poor venous access (see local pathway2). See above for advice on patients with solid tumours | NOAC or LMWH (AMBER specialist initiation) |
| Prophylaxis | Prophylactic use e.g. immobile patients (e.g. fracture) or those deemed to be at particularly high risk of DVT at home or in care situation. | AMBER specialist initiation (unlicensed) |
| Prophylaxis | Medical prophylaxis | RED – medical prophylaxis as in-patient GREEN - high risk patients at home or in care home |
| Prophylaxis | Prophylaxis of VTE in oncology patients on VTE inducing therapy | RED |
| Prophylaxis | Post-operative use e.g. Orthopaedic surgery, Patients who have had major surgery in the abdomen or pelvis | RED |

Recommendations from York and Scarborough Medicines Commissioning Committee November 2018

| | Drug name | Indication | Recommendation, rationale and place in therapy | RAG status | Potential full year cost impact |
|---|---|------------|--|------------|---|
| CCG commissioned Technology Appraisals | | | | | |
| 1. | TA543 : Tofacitinib for treating active psoriatic arthritis after inadequate response to DMARDs | | <p>Tofacitinib, with methotrexate, is recommended as an option for treating active psoriatic arthritis in adults, only if:</p> <ul style="list-style-type: none"> • it is used as described in NICE TA199, guidance on treatment of psoriatic arthritis (1.1 and 1.2) or • the person has had a TNF-alpha inhibitor but their disease has not responded within the first 12 weeks or has stopped responding after 12 weeks or • TNF-alpha inhibitors are contraindicated but would otherwise be considered (as described in TA199). <p>Tofacitinib is only recommended if the company provides it according to the commercial arrangement.</p> <p>Locally to be used after adalimumab biosimilar and etanercept biosimilar before other more expensive biologics.</p> | RED | <p>Estimate 15-20 patients a year across both VoY & ScR CCGs.</p> <p>Tofacitinib = £4900 pa per patient vs £8000-£9000 pa per patient for other biologics.</p> <p>May result in potential cost saving of £62,000 pa across both VoY & ScR CCGs.</p> |
| NHSE commissioned Technology Appraisals – for noting | | | | | |
| 2. | TA542 : Cabozantinib for untreated advanced renal cell carcinoma | | <p>Cabozantinib is recommended, within its marketing authorisation, for adults with untreated advanced renal cell carcinoma that is intermediate- or poor-risk as defined in the International Metastatic Renal Cell Carcinoma Database Consortium criteria. It is recommended only if the company provides cabozantinib according to the commercial arrangement.</p> | RED | No cost impact to CCGs as NHS England commissioned. |
| 3. | TA544 : Dabrafenib with trametinib for adjuvant treatment of resected BRAF V600 mutation-positive | | <p>Dabrafenib with trametinib is recommended, within its marketing authorisation, as an option for the adjuvant treatment of resected stage III BRAF V600 mutationpositive melanoma in</p> | RED | No cost impact to CCGs as NHS England commissioned. |

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| | melanoma | adults. It is recommended only if the company provides dabrafenib and trametinib with the discounts agreed in the commercial arrangements. | | |
| Formulary applications or amendments/pathways/guidelines | | | | |
| 4. | Ferric Maltol (N.B. Missed off Oct 2018 MCC Recommendations) | <p>Approved change in indication on formulary to use adults for the treatment of iron deficiency following license extension.</p> <p>Previously only approved for adults for the treatment of iron deficiency anaemia in patients with inflammatory bowel disease.</p> <p>To be used when patients have failed/ not tolerated a minimum of 2 conventional oral iron formulations</p> | Amber specialist gastroenterology recommendation only | <p>May offer some cost savings if used before/instead of IV iron after failure of a least 2 oral iron preparations.</p> <p>Ferric Maltol costs £47.60 for a pack of 56 for a 28 day supply compared to £2.46 - £3.50 for 28 days of oral ferrous salts and £185.08 for IV Ferinject® or £203.40 for IV Monofer® (drug cost only and based on a 70kg patient)</p> <p>A 12 week treatment course of Ferric Maltol costs £142.80.</p> <p>Predicted savings are based on patients requiring fewer attendances in secondary care for IV iron but will have cost impact for CCG drug budgets as Ferric maltol prescribed in primary care, and IV iron prescribed in secondary care as in-tariff drug.</p> |
| 5. | Medal Ranking for Oral Contraceptives | Approved medal ranking for oral contraceptives. | N/A | No significant cost impact expected as most cost effective generics advocated first line. |
| 6. | Vaginal oestrogen for recurrent UTIs | <p>Approved use of vaginal oestrogen as in option for recurrent UIT in post-menopausal women if behavioural and personal hygiene measures are not effective or appropriate, as per NICE NG112.</p> <p>Review treatment within 12 months, or earlier if agreed with the woman.</p> | GREEN | Ovestin® 0.1% cream = £4.45 per 15g |
| 7. | RAG status for LMWH in pregnancy | Agree a RAG status for this formulary drug with which currently has no status. | Amber Specialist Initiation | No significant cost to CCGs expected as all the proposals are current practice. |
| 8. | RAG status for LMWH in those with solid tumours on extended treatment | Agree a RAG status for this formulary drug with which currently has no status. | Amber Specialist Initiation | No significant cost to CCGs expected as all the proposals are current practice. |

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| 9. | RAG status for LMWH prophylactic use in orthopaedic patients who have had a fracture | Agree a RAG status for this formulary drug with which currently has no status. | Amber Specialist Initiation | No significant cost to CCGs expected as all the proposals are current practice. |
| 10. | Humalog 0.5unit Kwikpen Formulary Application | Approved use of Humalog 0.5unit Kwikpen in type 1 diabetic patients as the only fast actin insulin pen which delivers insulin in an easy to dose 0.5 unit increments. | GREEN | <p>Estimate 20 patients a year across both VoY & ScR CCGs. Costs £29.46 for 5 prefilled pens.</p> <p>No cost impact expected as costs the same as Humalog 1.0unit Kwikpen which is already on the formulary and slightly less than Novorapid Flexpen.</p> |
| 11. | Salofalk tablet formulary application | <p>Approved for use in those patients with left side/distal inflammatory bowel disease who are unable to manage/comply with Salofalk granules.</p> <p>Salofalk granules remain 1st choice.</p> | GREEN | <p>No significant cost to CCGs expected.</p> <p>Salofalk tablets: Acute treatment = £29-£58 for 30 days per patient; maintenance = £29 for 30 days per patient.</p> <p>Salofalk granules: Acute treatment = £24-£52 for 30 days per patient; maintenance = £26 for 30 days per patient.</p> |
| 12. | Pentasa Suppositories | Agreed to remain on formulary as Asacol suppositories now discontinued. | n/a | n/a |
| 13. | Thalidomide for Angiodysplasia Formulary Application (unlicensed indication) | <p>Approved a RED for the management of Angiodysplasia if treatment with Octreotide and Lanreotide fails.</p> <p>To be used after Octreotide and Lanreotide due to thromboembolic risk.</p> <p>Treatment to be reviewed after 3 months and where proven to be effective consideration given to lifelong treatment.</p> | RED | <p>No significant cost to CCGs expected as only expect 1-3 cases per year, all of which previously have been approved via IFR process.</p> <p>Thalidomide = £116 - £464 per patient per month Octreotide LAR = £550 - £998 per patient per month Lanreotide = £661 - £1124 per patient per month</p> |
| 14. | Octreotide and Lanreotide for Angiodysplasia Formulary Application (unlicensed indication) | Approved a RED for the management of Angiodysplasia . Octreotide to be used 1 st line as more published clinical evidence to support its use over lanreotide. | RED | |